



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # K39329		
1. Entity Name SIMMONS MOVING AND STORAGE OF PENSACOLA, INC.		
Principal Place of Business % REX MCDONALD 3724 NAVY BLVD PENSACOLA, FL 32507	Mailing Address % REX MCDONALD 3724 NAVY BLVD PENSACOLA, FL 32507	

DO NOT WRITE IN THIS SPACE

	
03202008	No Chg-P
CR2E034 (11/05)	
4. FEI Number 59-2915803	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCDONALD, REX 3724 NAVY BLVD PENSACOLA, FL 32507
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DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

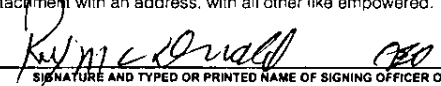
SIGNATURE _____ (NOTE: Registered Agent signature required when renouncing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000826474 05/20/08-80068-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, REX 3724 NAVY BLVD PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, GLYN 3724 NAVY BLVD. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIMMONS, JIM 4612 ANNA SIMPSON RD MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDONALD, FAY M. 11569 HWY 87 MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-25-08 850-456-5470**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #