2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2006 08:00 AM Secretary of State DOCUMENT # K57193 1. Entity Name GABRIEL'S MOVING SERVICE, INC. Principal Place of Business Mailing Address 312 ROSS ROAD TALLAHASSEE FL 32310 P.O. BOX 5317 TALLAHASSEE FL 32314-5317 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2928028 Not Applical Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FABIANO, LARRY A 312 ROSS RD Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32310 Zip Code 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. Lam familiar with, and account the obligations of registered agent. PRESIDENT 4-11-6 LAKKY A. FABIA-O equipment and this is equipment to be appropriately FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIT) F ☐ Defete TITLE UNDANAS14712 □ Change □ Addition NAME FABIANO, LARRY A. NAME 04/26/06-80080-024 150.00 STREET ADDRESS 2248 TEN OASK DRIVE STREET ADDRESS CITY-SI-ZIP TALLAHASSEE FL 32312 CITY-ST-ZIP ☐ Delete TOLE □ Change Addition MANAC NAME STREET ADDRESS STREET ADDRESS CHY-S1-202 CITY-ST-ZIP TOTLE ☐ Detete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St-702 CITY-ST-2/P DD) F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete T131 F ☐ Change Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 path, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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. LARKY A. FABTANO PRESTOENT 850-877-7131 SIGNATURE:

CITY-ST-ZIP