FILED
May 10, 2007 8:00 am
Secretary of State
05-10-2007 90030 023 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K57193

1. Entity Name
GABRIEL'S MOVING SERVICE, INC.

Principal Place of Business
~~317 ROSS REAR~~ 2248 TEN OAKS DR
TALLAHASSEE, FL ~~32310~~ US
32312

Mailing Address
~~P.O. BOX 5317~~ 2248 TEN OAKS DR.
TALLAHASSEE, FL ~~32314-5317~~
32312

40110428

04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. Document
59-2928028

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FABIANO, LARRY A
312 ROSS RD
TALLAHASSEE, FL 32310

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8. The above-named entity submits this statement for the purpose of complying [illegible]

SIGNATURE _____ DATE

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Electronic Corporation Filing Fee: Total Fee Calculated ☐ $5.00 May be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FABIANO, LARRY A
STREET ADDRESS	2248 TEN OAKS DRIVE
CITY-STATE	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information submitted with this filing meets the requirements of applicable 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: [signature] 4/2/7 850-877-7631 ext 103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

850-566-9373
CELL PHONE