

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # K83334

1. Entity Name

GRAEBEL/SOUTH FLORIDA MOVERS, INC.



Principal Place of Business

2900 SW 15TH STREET
DEERFIELD BEACH, FL 33442 US

Mailing Address

2900 SW 15TH STREET
DEERFIELD BEACH, FL 33442 US



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0109880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRAEBEL, DAVID W
STREET ADDRESS	16346 E. AIRPORT CIRCLE
CITY-ST-ZIP	AURORA, CO 80011
TITLE	VPSD
NAME	WARE, G. LANE
STREET ADDRESS	500 THIRD STREET, SUITE 700
CITY-ST-ZIP	WAUSAU, WI 54403
TITLE	P/D
NAME	GRAEBEL, WILLIAM H
STREET ADDRESS	16346 E. AIRPORT CIRCLE
CITY-ST-ZIP	AURORA, CO 80011
TITLE	T
NAME	SILER, BRADLEY
STREET ADDRESS	16346 E. AIRPORT CIRCLE
CITY-ST-ZIP	AURORA, CO 80011
TITLE	D
NAME	GRAEBEL, BENJAMIN D
STREET ADDRESS	16346 E. AIRPORT CIRCLE
CITY-ST-ZIP	AURORA, CO 80011
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000813758
02/13/08-80015-005-150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dennis Ludtke

1/28/08

715-848-6414