

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K90890

FILED  
Jan 12, 2009  
Secretary of State

**Entity Name:** BINGHAM TRANSFER & STORAGE COMPANY INC. OF N.W. FLORIDA

**Current Principal Place of Business:**

3869 N. PALAFOX ST.  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

3869 N. PALAFOX ST.  
PENSACOLA, FL 32505

**New Mailing Address:**

**FEI Number:** 59-2955036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, CATHERINE  
14610 MULLETT LANE  
PENSACOLA, FL 32507 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILSON, CATHERINE  
Address: 14610 MULLETT LN  
City-St-Zip: PENSACOLA, FL 32507

Title: V ( ) Delete  
Name: DEFOE, BRENDA  
Address: 23002-A DIAMOND  
City-St-Zip: ROBERTSDALE, AL

Title: S ( ) Delete  
Name: STANOVICH, THERESA,  
Address: 405 DECATUR AVENUE  
City-St-Zip: PENSACOLA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: DEFOE, BRENDA  
Address: 23002-A DIAMOND  
City-St-Zip: ROBERTSDALE, AL 32505

Title: S (X) Change ( ) Addition  
Name: STANOVICH, THERESA,  
Address: 405 DECATUR AVENUE  
City-St-Zip: PENSACOLA, FL 32505

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** GRADY WILSON

D

01/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date