


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L51061 1. Entity Name SIMMONS MOVING & STORAGE, INC.	
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Principal Place of Business 145 FOUR POINTS WAY TALLAHASSEE, FL 32305-7070 US	Mailing Address 145 FOUR POINTS WAY TALLAHASSEE, FL 32305-7070 US
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3080581	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TREVATHAN, JESSE E MR. 145 FOUR POINTS WAY TALLAHASSEE, FL 32305

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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	U00000779435 01/11/08-80038-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREVATHAN, JESSE E. 145 FOUR POINTS WAY TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREVATHAN, RHONDA 145 FOUR POINTS WAY TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MONEYHAM, MARGARET 1113 HIGH MEADOW DR TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: <u>Jesse Trevathan</u> PROZ	Date: <u>1/9/08</u>	Daytime Phone #: <u>850-656-7100</u>
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