2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## Feb 19, 2004 8:00 am DOCUMENT # M23791 **Secretary of State** 02-19-2004 90010 042 \*\*\*150.00 SENTRY MOVING & STORAGE SERVICES, INC. Principal Place of Business Mailing Address 2131 N.W. 72ND AVENUE 2131 N.W. 72ND AVENUE **J Y U U U N U U MIAMI FL 33122 MIAMI FL 33122** 2. Principal Place of Business 3. Mailing Address 3353 N.W. 74th. Avenue 3353 N.W. 74th. Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2610367 Miami, Florida Not Applicable Miami, Florida \$8.75 Additional 5. Certificate of Status Desired 33122 **USA** 33122 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Griesemer, Richard D. GRIESEMER, RICHARD D 2131 NW 72ND AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33122 3353 NW 74th. Ave. City Miami, 8. The above named entity subgrits 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 SIGNATURE typed or printed name of registered agent and title of applicable. (NOTE: Registered Agen) signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Ch Addition SPD GRIESEMER, RICHARD NAME NAME Griesemer, Richard 3353 NW 74th. Ave. STREET ADDRESS 2131 NW 72ND AVE STREET ADDRESS Miami, Fl. 33122 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete TIBE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change ■ Addition NAME MAME --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TIT: F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**