

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90126 007 \*\*\*158.75

**DOCUMENT # P02000051529**

1. Entity Name  
**PRS MOVING & STORAGE, INC.**



Principal Place of Business  
**1696 OLD OKEECHOBEE RD  
3B  
WEST PALM BEACH, FL 33409**

Mailing Address  
**PO BOX 6960  
WEST PALM BEACH, FL 33405**

40041310



2. Principal Place of Business

**4128 Westroads Drive  
Suite, Apt. #, etc.  
216**

3. Mailing Address

**4128 Westroads Drive  
Suite, Apt. #, etc.  
216**

03212006 Chg-P CR2E034 (11/05)

City & State

**West Palm Beach, FL  
Zip 33407  
Country Palm Beach**

City & State

**West Palm Beach, FL  
Zip 33407  
Country Palm Beach**

4. FEI Number  
**37-1433771**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOOMAR, L GREGORY ESQ  
1152 N UNIVERSITY DR  
PEMBROKE PINES, FL 33024**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HORNER, JOHN F**  
STREET ADDRESS **316 LEEWARD DR**  
CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **V** ☐ Delete  
NAME **BROWN, DAVID A**  
STREET ADDRESS **17661 BRIDLE LANE**  
CITY-ST-ZIP **JUPITER, FL 33478**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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: *x John F. Horner*

**JOHN F. HORNER 4/10/06**

Date

**561-792-3211**

Daytime Phone #