


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000051529 1. Entity Name PRS MOVING & STORAGE, INC.	
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Principal Place of Business 4128 WEST RDS DR 216 WEST PALM BEACH, FL 33407	Mailing Address 4128 WEST RDS DR 216 WEST PALM BEACH, FL 33407
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**DO NOT WRITE IN THIS SPACE**



03202007 No Chg-P CR2E034 (11/05)

4. FEI Number 37-1433771	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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
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**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORNER, JOHN F 316 LEEWARD DR JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, DAVID A 17661 BRIDLE LANE JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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06/05/07-80001-009 558.75

**DO NOT WRITE  
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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: John F. Horner JOHN F. HORNER, PRES 5/25/07 561-792-3211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #