

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90001 019 ***158.75

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1. Entity Name

**GRANDFATHER, FATHER, AND SON MOVING AND
STORAGE, INC.**



Principal Place of Business

~~950 WEST 13TH STREET BAY #2~~
RIVIERA BEACH FL 33404

Mailing Address

~~950 WEST 13TH STREET BAY #2~~
RIVIERA BEACH FL 33404

J40000004



MOORE

CR2E034 (11/03)

2. Principal Place of Business

839-W. 13TH CT

Suite, Apt. #, etc.

3. Mailing Address

839-W. 13TH CT

Suite, Apt. #, etc.

City & State

RIVIERA BEACH FL

City & State

RIVIERA BEACH FL

Zip

Country

33404 USA

Zip

Country

33404 USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PORCARO, DOMINIC

~~950 WEST 13TH STREET BAY #2~~ 839-W. 13TH CT
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name

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

839-W. 13TH CT.

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

Dominic Porcaro DOMINIC PORCARO

1/20/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PORCARO, DOMINIC
STREET ADDRESS ~~950 WEST 13TH STREET BAY #2~~
CITY-ST-ZIP RIVIERA BEACH FL 33404

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 839-W. 13TH CT
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 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.

SIGNATURE:

Dominic Porcaro DOMINIC PORCARO 1/20/04 561-881-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #