


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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|---|---------|---|
| DOCUMENT # P030000751.10 | |  |
| 1. Entity Name GRANDFATHER, FATHER, AND SON MOVING AND STORAGE, INC. | | |
| Principal Place of Business 839 W 13TH CT. RIVIERA BEACH FL 33404 | | Mailing Address 839 W 13TH CT. RIVIERA BEACH FL 33404 |
| 2. Principal Place of Business | | 3. Mailing Address |
| Suite, Apt #, etc. | | Suite, Apt #, etc. |
| City & State | | City & State |
| Zip | Country | Country |

FILED
05 JUL -6 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

| | |
|--------------------------------------|--|
| 4. FEI Number AP-PLIED FOR | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 6. Name and Address of Current Registered Agent PORCARO, DOMINIC 839 W 13TH CT. RIVIERA BEACH FL 33404 |
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| 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. |
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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when re-stating) | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> Delete PORCARO, DOMINIC | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition 1100000220705 |
| NAME | 839 W 13TH CT. | NAME | 02/08/05-80080-003 163.75 |
| STREET ADDRESS | RIVIERA BEACH FL 33404 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

DA 7/13

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 561-881-9800.**