

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000145227

FILED  
Oct 17, 2006  
Secretary of State

**Entity Name:** WASHINGTON BROTHERS MOVING & STORAGE, INC.

**Current Principal Place of Business:**

6801 E. NORTH BAY ST.  
TAMPA, FL 33610 US

**New Principal Place of Business:**

**Current Mailing Address:**

6801 E. NORTH BAY ST.  
TAMPA, FL 33610 US

**New Mailing Address:**

**FEI Number:** 71-0974623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRIGGS MANAGEMENT CONSULTING, LLC  
2937 KELLY RIDGE LANE  
TAMPA, FL 33604 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: FRANK L BRIGGS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: WASHINGTON, JODY  
Address: 6801 E. NORTH BAY ST.  
City-St-Zip: TAMPA, FL 33610

Title: T/D ( ) Delete  
Name: WASHINGTON, LEILA  
Address: 6801 E. NORTH BAY ST.  
City-St-Zip: TAMPA, FL 33610

Title: S/D ( ) Delete  
Name: BRIGGS, FRANK  
Address: 2937 KELLY RIDGE LANE  
City-St-Zip: TAMPA, FL 33604 US

Title: DIR ( ) Delete  
Name: WASHINGTON, RAY  
Address: 19227 N. 29TH ST  
City-St-Zip: TAMPA, FL 33612 US

Title: DIR ( ) Delete  
Name: WASHINGTON, AL  
Address: 315 14TH ST.  
City-St-Zip: PALMETTO, FL 34221 US

Title: DIR ( ) Delete  
Name: WASHINGTON, WAYNE  
Address: 6808 E. IDA ST  
City-St-Zip: TAMPA, FL 33610 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: WASHINGTON, JOSEPH  
Address: 6801 E. NORTH BAY ST.  
City-St-Zip: TAMPA, FL 33610

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK L BRIGGS

Electronic Signature of Signing Officer or Director

S/D

10/17/2006

Date