

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000065162**

1. Entity Name

WE HAUL OF SOUTH FLORIDA, INC.



Principal Place of Business

4305 EXCHANGE AVENUE  
NAPLES, FL 34104 US

Mailing Address

4305 EXCHANGE AVENUE  
NAPLES, FL 34104 US



01292008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

04-3814195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TIBSTRA, THOMAS T  
4305 EXCHANGE AVENUE  
NAPLES, FL 34109

**DO NOT WRITE  
IN THIS SPACE**

B. 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000870322  
04/09/08-80086-005 150.00

10. OFFICERS AND DIRECTORS

TITLE P,D  
NAME TIBSTRA, THOMAS T  
STREET ADDRESS 4305 EXCHANGE AVENUE  
CITY-ST-ZIP NAPLES, FL 34104

TITLE PSTD  
NAME PITKIN, HEATHER A  
STREET ADDRESS 4305 EXCHANGE AVENUE  
CITY-ST-ZIP NAPLES, FL 34104

TITLE D  
NAME TIBSTRA, THOMAS N  
STREET ADDRESS 4305 EXCHANGE AVENUE  
CITY-ST-ZIP NAPLES, FL 34104

TITLE D  
NAME TIBSTRA, MARY S  
STREET ADDRESS 4305 EXCHANGE AVENUE  
CITY-ST-ZIP NAPLES, FL 34104

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #