2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102605

FILED Jan 25, 2008 Secretary of State

Entity Name: FIVES	STAR MOVING AND STORAGE, IN	IC.		
Current Principal Place of Business:		New Principal Place o	f Business:	
5871 NW CORSO CT PORT ST. LUCIE, FL				
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
5871 NW CORSO CT PORT ST. LUCIE, FL				
FEI Number: 20-3194065	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
IEROPOLI, LAWREN 10120 BAY TREE CO PORT ST. LUCIE, FL	URT			
The above named ent in the State of Florida.	ity submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Elec	tronic Signature of Registered Ager	t	Date	
Election Campaign Finar	ncing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: P Name: GRAVAGNA	()Delete A, ALICIA	Title: P (Name: ADAMS, LAUF	K) Change ()Addition RIE	

CFO

5871 NW CORSO COURT 5871 NW CORSO COURT Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34986 City-St-Zip: PORT ST. LUCIE, FL 34986 Title: VΡ () Delete Title: (X) Change () Addition ADAMS, LAURIE IEROPOLI, LAWRENCE Name: Name: Address: 5871 NW CORSO COURT Address: 10120 BAY TREE COURT City-St-Zip:

PORT ST. LUCIE, FL 34986 PORT SAINT LUCIE, FL 34986 City-St-Zip:

Title: Title: (X) Delete IEROPOLI, LAWRENCE Name: Name: Address: 10120 BAY TREE CT. Address: PORT SAINT LUCIE, FL 34986 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LAWRENCE IEROPOLI **CFO** 01/25/2008

() Change () Addition