## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 08, 2007 8:00 am Secretary of State DOCUMENT # P06000124656 1. \*Entity Name 03-08-2007 90018 046 \*\*\*150.00 COWSKY MOVING & STORAGE, INC. Principal Place of Business Mailing Address 5215 24TH AVENUE NORTH 5215 24TH AVENUE NORTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-5592479 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHORT, PAUL R Street Address (P.O. Box Number is Not Acceptable) 1214 WEST BEARSS AVENUE **TAMPA FL 33613** City 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 SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TIFLE ☐ Delete Change ☐ Addition COWSKY, ANDREW O JR. NAME NAMÉ 5215 24TH AVENUE NORTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33710 CITY ST 789 CITY S1-ZIP TITLE Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IF CITY-ST-ZIP Delete THE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 01TV+ST-7IP CITY ST ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete DITE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CITY-ST-7IP

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this roport 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 roport 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.

ANDREW O. COWSKY, JR. RES. 2 26 107