

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000076849

FILED  
Apr 10, 2006  
Secretary of State

Entity Name: GRAEBEL/JACKSONVILLE MOVERS, INC.

**Current Principal Place of Business:**

6921 PHILLIPS INDUSTRIAL BLVD.  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

6921 PHILLIPS INDUSTRIAL BLVD.  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 91-1997372      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: GRAEBEL, DAVID W  
Address: 16346 E. AIRPORT CIR.  
City-St-Zip: AURORA, CO 80011 US

Title: D ( ) Delete  
Name: GRAEBEL, BENJAMIN D  
Address: 16346 E AIRPORT CR  
City-St-Zip: AURORA, CO 80011 US

Title: P/D ( ) Delete  
Name: GRAEBEL, WILLIAM H  
Address: 16346 E AIRPORT CR  
City-St-Zip: AURORA, CO 80011 US

Title: VP/D ( ) Delete  
Name: WARE, G. LANE  
Address: 500 3RD ST STE 700  
City-St-Zip: WAUSAU, WI 54403 US

Title: T ( ) Delete  
Name: SILER, BRADLEY  
Address: 16346 E AIRPORT CR  
City-St-Zip: AURORA, CO 80011

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

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: G. LANE WARE

VP

04/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date