

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000076849

FILED
Feb 24, 2007
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

Electronic Signature of Signing Officer or Director

VP/S

02/24/2007

_____ Date