2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000076849

WARE, G. LANE

SILER, BRADLEY

16346 E AIRPORT CR

AURORA, CO 80011

500 3RD ST STE 700

WAUSAU, WI 54403 US

() Delete

Name: Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Apr 01, 2008 Secretary of State

Entity Nan	1e: GRAEB	EL/JACKSONVILLE MOV	ERS, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
	.IPS INDUST /ILLE, FL 32	RIAL BLVD. 2256						
Current Mailing Address:				New Mailing Address:				
	.IPS INDUST /ILLE, FL 32	RIAL BLVD. 256						
FEI Number:	91-1997372	FEI Number Applied For	() FEI Nu	mber Not Appl	icable ()	Certificat	te of Status De	sired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
1200 SOUT	ORATION S' TH PINE ISLA ON, FL 3332	AND ROAD						
The above in the State		submits this statement fo	or the purpose o	of changing it	ts registere	d office or re	egistered age	ent, or both,
SIGNATUR	E:							
	Electro	onic Signature of Register	ed Agent			[Date	
Election Cam	paign Financi	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CD (GRAEBEL, D 16346 E. AIR AURORA, CO	PORT CIR.		Title: Name: Address: City-St-Zip:	CD GRAEBEL, I 16346 AIRP AURORA, C) Addition	
Title: Name: Address: City-St-Zip:	D (GRAEBEL, BI 16346 E AIRF AURORA, CO	PORT CR		Title: Name: Address: City-St-Zip:	16346 AIRP	(X) Change(BENJAMIN D PORT CR PORT US) Addition	
Title: Name: Address: City-St-Zip:	P/D (GRAEBEL, W 16346 E AIRF AURORA, CO	PORT CR		Title: Name: Address: City-St-Zip:	P/D GRAEBEL, 1 16346 AIRP AURORA, C) Addition	
Title:	VP/D () Delete		Title:	VP/D	(X) Change () Addition	

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

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SILER, BRADLEY

16346 AIRPORT CR

AURORA, CO 80011

500 1ST ST STE 8000

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(X) Change () Addition

SIGNATURE: G. LANE WARE VP 04/01/2008