

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90012 039 ***150.00

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DOCUMENT # S02716					
1. Entity Name ADVANCED MOVING & STORAGE, INC.					
Principal Place of Business 7963 APALACHEE PKWY. TALLAHASSEE, FL 32311 US			Mailing Address 7963 APALACHEE PKWY. TALLAHASSEE, FL 32311 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3029246				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAIRES, STEPHEN 7963 APALACHEE PKWY. TALLAHASSEE, FL 32311			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) City FL 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 the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing.) DATE: _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete P CHAIRES, STEPHEN 7963 APALACHEE PKWY. TALLAHASSEE, FL 32311	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this report 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 report 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 of the other like empowered.					
SIGNATURE: _____		2-16-04		850 656-2890	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Use		Date of Filing	