


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 265332
1. Entity Name
WARD MOVING AND STORAGE COMPANY



Principal Place of Business Mailing Address
324 CLEARLAKE ROAD **324 CLEARLAKE ROAD**
PO BOX 3365 **PO BOX 3365**
COCOA FL 32922 **COCOA FL 32922**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)
4. FEI Number **59-1613386** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, DOLORES
324 CLEARLAKE ROAD
COCOA FL 32922

Name
Street Address (P.O. Box Number is 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	WARD, MICHAEL J.	
STREET ADDRESS	324 CLEARLAKE ROAD	
CITY-ST-ZIP	COCOA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WARD, DOLORIS	
STREET ADDRESS	324 CLEARLAKE RD	
CITY-ST-ZIP	COCOA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHNEIER, THERESA	
STREET ADDRESS	324 CLEARLAKE RD	
CITY-ST-ZIP	COCOA FL	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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03/06/06-80036-012 150.00

12. I hereby 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 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, with all other like empowered.

SIGNATURE: *Theresa Schneier*

2/21/06 321-1636-3331