2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # G08732

1. Name
ATLANTIC MOVING & STORAGE CO.

Principal Place of Business	Mailing Address
% ALEXANDER MACKENZIE 2549 WEST BROWARD BLVD FT LAUDERDALE, FL 33312	% ALEXANDER MACKENZIE 2549 WEST BROWARD BLVD FT LAUDERDALE, FL 33312

01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2237559
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MACKENZIE, ALEXANDER
2549 WEST BROWARD BLVD
FT LAUDERDALE, FL 33312

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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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000600331453
01/30/06-80051-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MACKENZIE, ALEXANDER
STREET ADDRESS	2549 W BROWARD BLVD
CITY	FT LAUDERDALE, FL
TITLE	VP
NAME	KIEFHABER, WILLIAM
STREET ADDRESS	2549 W. BROWARD BLVD.
CITY	FT. LAUDERDALE, FL
TITLE	ST
NAME	KIEFHABER, ROBERT
STREET ADDRESS	2549 W. BROWARD BLVD.
CITY	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY	
TITLE	
NAME	
STREET ADDRESS	
CITY	
TITLE	
NAME	
STREET ADDRESS	
CITY	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] 1/17/06 954-581-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #