2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL R	EPORT (AR		FILED
DOCU 1. Entity Nar	IMENT # <b>J65729</b>			May 02, 2005 08:00 AM Secretary of State
SOUTHE	RN STORAGE, INC.			Secretary of State
Principal Pla	ce of Business	Mailing Address		
1481 KINETIC ROAD LAKE PARK FL 33403		PO BOX 12185 LAKE PARK FL 33403		
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2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number 65-0005942 Applied For Not Applied
Zip	Country	<i>Z</i> ip	Country	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
Name Name			Name	
EAKINS, SANDI F 1481 KINETIC ROAD LAKE PARK FL 33403			Street Address	(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above the obliga	e named entity submits this statement for tions of registered agent.	or the purpose of changing its r	egistered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and nee is approximate (NOTE	Registered Agent signature requir	ed when re-instating) DATE
F	TLE NOW!!! FEE IS \$150.00			<u> </u>
After	May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department o	,		9. Election Campaign Financing \$5.00 May B. Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	VDST FRICK, CINDI M	☐ Delete	TITLE	☐ Change ☐ Addibi
STREET ADDRESS	1481 KINETIC ROAD		STREET ADDRESS	
CITY ST-ZIP	LAKE PARK FL 33403	-	CHY-ST-ZIP	
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NAME STREET ARROTOS	FAKINS, SANDI F		NAME	U00000356208 05/04/05-80027-001 158.75
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NAME	FRICK, SHIRLEY M	∐ Delete	NAME	☐ Change ☐ Addiia
STREET ADDRESS	1481 KINETIC ROAD		STREET ADDRESS	
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	postific that the information with the second	Alaba Glima adana and a 111 di an		The Manager of the Control of the Co
indicated of the cor changed,	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, i	true and accurate and that my owered to execute this report a with all other like empowered	ie exemption stated in S signature shall have the s required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or director 17, Florida Statutes, and that my name appears in Block 10 or Block 11 if