


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90066 011 \*\*\*150.00

**DOCUMENT # P03000014059**

1. Entity Name  
**H.G. STORAGE, INC.**



Principal Place of Business      Mailing Address  
**1629 DORMONT LANE**      **1629 DORMONT LANE**  
**ORLANDO, FL 32804**      **ORLANDO, FL 32804**

**24006040**



2. Principal Place of Business      3. Mailing Address  
**6831 EDGEWATER COMMERCE PKWY.**      Suite, Apt. #, etc.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**UNIT 1110**

01132004      Chg-P      CR2E034 (10/03)

City & State      City & State  
**ORLANDO, FL**      City & State  
 Zip      Country      Zip      Country  
**32810**      **USA**

4. FEI Number      Applied For  
**55-0818417**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**MCMCULLY, BRYAN T**  
**1629 DORMONT LANE**  
**ORLANDO, FL 32804**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCULLY, BRYAN T	
STREET ADDRESS	1629 DORMONT LANE	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY SBASCHNIG	
STREET ADDRESS	75 NORTH AVE.	
CITY-ST-ZIP	PARK RIDGE, NJ 07656	
TITLE	D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRE KESTLER	
STREET ADDRESS	884 37th STREET	
CITY-ST-ZIP	ORLANDO, FL 32805	
TITLE	D, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN MCCULLY	
STREET ADDRESS	2937 OBERLIN AVE.	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, with all other like employees.

**SIGNATURE:** B. T. McCully      1/13/04      407-898-1523  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #