

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000032258

**Entity Name:** STORM SHELTERS OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

3003 WOODYMARION DRIVE  
CHIPLEY, FL 32428

**Current Mailing Address:**

3003 WOODYMARION DRIVE  
CHIPLEY, FL 32428

**FEI Number:** 20-4377142

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JULIAN, HOLLY  
3003 WOODYMARION DRIVE  
CHIPLEY, FL 32428 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name JULIAN, KEVIN  
Address 3003 WOODYMARION DRIVE  
City-State-Zip: CHIPLEY FL 32428

Title VP  
Name AULT, RICHARD  
Address 3275 CRYSTAL LAKE DRIVE  
City-State-Zip: CHIPLEY FL 32428

Title ST  
Name JULIAN, HOLLY  
Address 3003 WOODYMARION DRIVE  
City-State-Zip: CHIPLEY FL 32428

Title T  
Name JULIAN, HOLLY  
Address 3003 WOODYMARION DRIVE  
City-State-Zip: CHIPLEY FL 32428

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HOLLY JULIAN

**SECRETARY**

**05/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date