2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 622698

1. Entity Name
SOLONA STORAGE, INC.

Principal Place of Business	Mailing Address
25555 E MARION AVE E PUNTA GORDA, FL 33950 US	25555 E MARION AVE E PUNTA GORDA, FL 33950 US

DO NOT WRITE IN THIS SPACE

04272006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, JAMES T.
25555 MARION AVE E
PUNTA GORDA, FL 33950

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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

U00000545514
05/11/06-80078-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, JAMES T.
STREET ADDRESS	25555 MARION AVE E
CITY-ST-ZIP	PUNTA GORDA, FL

TITLE	D
NAME	SMITH, T. BRUCE
STREET ADDRESS	2002 BAL HARBOR BLVD UNIT 411
CITY-ST-ZIP	PUNTA GORDA, FL 33950

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _James T. Smith_, PRes   ApRiL 28 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #