2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 30, 2005 8:00 am
Secretary of State

02-21-2005 90076 044 ****61.25

DOCUMENT # F01000000889

1. Entity Name
STORAGE SOURCES GROUP, INCORPORATED

Principal Place of Business	Mailing Address
~~P.O. BOX 14423~~ ~~CLEARWATER, FL 33766~~	~~P.O. BOX 14423~~ ~~CLEARWATER, FL 33766~~

01062005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
11536 Tee Time Circle	← Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New Port Richey, FL	City & State
Zip: 34654 Country: USA	Zip Country

4. FEI Number: 61-1196581 ☐ Applied For ☐ Not Applicable

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
LUCKIE, T.C. ~~2560 FOREST RUN CT.~~ 11536 Tee Time Circle ~~CLEARWATER, FL 33761~~ New Port Richey, FL 34654	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 J.C. [signature] TC Luckie 2/11/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SHEARER, TERRY		NAME		
STREET ADDRESS	6727 COLUMBUS AVE		STREET ADDRESS		
CITY-ST-ZIP	RIVERSIDE, CA 92504		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	NYLEN, CHRIS		NAME		
STREET ADDRESS	~~433 S LIVERNOIS~~		STREET ADDRESS	2079 25 Mile Road	
CITY-ST-ZIP	~~ROCHESTER HILLS, MI 48307~~		CITY-ST-ZIP	Shelby Township, MI 48316	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PATTERSON, MELINDA		NAME		
STREET ADDRESS	8202 CANTRELL ROAD		STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK, AR 72227		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 617, 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: By: J.C. [signature] Executive Director 3/25/05 727-815-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #