

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90109 006 ****61.25

DOCUMENT # F01000000889

1. Entity Name
STORAGE SOURCES GROUP, INCORPORATED



Principal Place of Business
**11536 TEE TIME CIRCLE
NEW PORT RICHEY, FL 34654**

Mailing Address
**11536 TEE TIME CIRCLE
NEW PORT RICHEY, FL 34654**



01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**LUCKIE, T.C.
11536 TEE TIME CIRCLE
NEW PORT RICHEY, FL 34654**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee Is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEARER, TERRY 6727 COLUMBUS AVE RIVERSIDE, CA 92504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NYLEN, CHRIS 2079 25 MILE ROAD SHELAY TOWNSHIP, MI 48316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATTERSON, MELINDA 8202 CANTRELL ROAD LITTLE ROCK, AR 72227
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 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: *Gregory A. Pines*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/06 951-347-5920
Date Daytime Phone #