

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000614

FILED
Feb 25, 2009
Secretary of State

Entity Name: STORR OFFICE ENVIRONMENTS OF FLORIDA, INC.

Current Principal Place of Business:

5112 WEST LINEBAUGH AVE
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

10800 WORLD TRADE BLVD.
RALEIGH, NC 27617

New Mailing Address:

FEI Number: 20-4103189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MR, KYLE DOEZEMA
5112 WEST LINEBAUGH AVENUE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VANDE GUCHTE, THOMAS
Address: 10800 WORLD TRADE BLVD.
City-St-Zip: RALEIGH, NC 27617

Title: SD () Delete
Name: SCHANZ, ROBERT
Address: 10800 WORLD TRADE BLVD.
City-St-Zip: RALEIGH, NC 27617

Title: T () Delete
Name: ROBBINS, LARRY E
Address: 4101 LAKE BOONE TRAIL STE 300
City-St-Zip: RALEIGH, NC 27607

Title: D () Delete
Name: CHRISTINE, ORT
Address: 5112 WEST LINEBAUGH AVENUE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS VANDE GUCHTE

PD

02/25/2009

Electronic Signature of Signing Officer or Director

Date