

Mar. 2. 2007 11:50AM

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

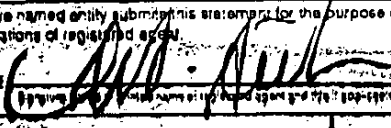
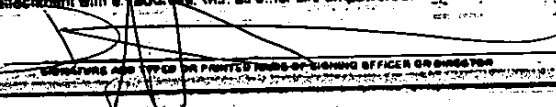
FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90148 001 ***450.00

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03022007 Chg-P CR2E034 (12/06)

DOCUMENT # F06000004706			
1. Entity Name NATIONAL EVIDENCE & PROPERTY STORAGE, INC.			
Principal Place of Business 1161 HOLLAND DR BOCA RATON, FL 33487		Mailing Address 1161 HOLLAND DR BOCA RATON, FL 33487	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4872912		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, ANDREW J III 1161 HOLLAND DR BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Thomas V. Siciliano Street Address (P.O. Box Number is Not Acceptable) 980 North Federal Highway, Suite 440 City Boca Raton FL 33433	
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 		DATE 3/2/07	
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$250.00		Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ANTOL, DON 1161 HOLLAND DR BOCA RATON, FL 33487 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. VP, S, D Antol, Don 1161 Holland Drive Boca Raton, FL 33487 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOB SCOTT, ANDREW J III 1161 HOLLAND DR BOCA RATON, FL 33487 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		DATE 3-16-07	