

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F66579

**FILED**  
**Jun 14, 2011**  
**Secretary of State**

**Entity Name:** D & B STORAGE SHEDS, INC.

**Current Principal Place of Business:**

5009 S. FLORIDA AVE.  
INVERNESS, FL 34450 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1045  
INVERNESS, FL 344511045 US

**New Mailing Address:**

**FEI Number:** 59-2184177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAPERLE, D. TRAVIS  
5009 S. FLORIDA AVE.  
INVERNESS, FL 34450 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LAPERLE, D. TRAVIS  
Address: 5009 SOUTH FLORIDA AVENUE  
City-St-Zip: INVERNESS, FL 34450 US

Title: VPD  
Name: CRAWLEY, DAWN  
Address: 9 REDBAY COURT WEST  
City-St-Zip: HOMOSASSA, FL 34446

I hereby 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 all other like empowered.

SIGNATURE: TRAVIS LAPERLE

PD

06/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date