


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000004516 1. Entity Name STORCOMM, INC.	
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Principal Place of Business 7 CORPORATE PLAZA 8649 BAYPINE ROAD JACKSONVILLE, FL 32256 US	Mailing Address 7 CORPORATE PLAZA 8649 BAYPINE ROAD JACKSONVILLE, FL 32256 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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07012004 No Chg-P CR2E034 (10/03)	
4. FEI Number 33-0675762	Required For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

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 _____

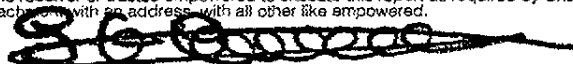
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ELLIOTT, SAMUEL G 7 CORPORATE PLAZA, 8649 BAYPINE ROAD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SYM-SMITH, C.I. 7 CORPORATE PLAZA, 8649 BAYPINE ROAD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETERS, BRADFORD G 7 CORPORATE PLAZA, 8649 BAYPINE ROAD JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

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07/16/04-80012-010 159.75

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 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:  **CEO** **7-15-04** **904234289**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #