

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000004516

1. Entity Name  
STORCOMM, INC.



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



05162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
33-0675762

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ELLIOTT, SAMUEL G  
STREET ADDRESS 7 CORPORATE PLAZA, 8649 BAYPINE ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE CD  
NAME SYM-SMITH, C.I.  
STREET ADDRESS 7 CORPORATE PLAZA, 8649 BAYPINE ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE D  
NAME PETERS, BRADFORD G  
STREET ADDRESS 7 CORPORATE PLAZA, 8649 BAYPINE ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32256

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**

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05/17/05-80003-002 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-05  
Date

904-731-1289  
Daytime Phone #