## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## **FILED** DOCUMENT # G42531 Jan 22, 2007 08:00 AM **Secretary of State** SAFEWAY STORAGE & WAREHOUSE, INC. Principal Place of Business Mailing Address % FRANK J. BROEDELL, JR. % FRANK J. BROEDELL, JR. 709 COMMERCE WAY 709 COMMERCE WAY JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2379822 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROEDELL, FRANK J., JR. Street Address (P.O. Box Number is Not Acceptable) 1610 NORTH CYPRESS DR. JUPITER FL 33458 Zip Code 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 | am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title i applicable. (NOTE; Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VD ши U00000595430 □ Change □ Addition ☐ Delete TILLE BROEDELL SR. FRANK J NAMI NAME 01/23/07-80039-014 150.00 23 COUNTRY CLUB CIRCLE STREET ADDRESS STREET ADDRESS TEQUESTA, FL 00000 CITY-SI-74P CHY-ST-ZIP 11111 Delete Change ☐ Addition BROEDELL, FRANK J., JR. NAMI NAME 19309 N RIVERSIDE DR STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CHY-SI-ZIP Delete ☐ Change Addition THILI NAME STREET ADDRESS STREET ADDRESS CHY-SU-ZIP CITY-ST-ZIP DHE ☐ Delete 1101 Change ☐ Addition NAME: NAME STREET ADDRESS STREET ADDRESS City-SI-ZIP CHY-SI-7IP 11111 Delete DITT ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP Addition ☐ Delete T1111 NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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, Fiorida 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.

OFFICER OR DIRECTOR