2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J61542

1. Entity Name
STORAGE CITY, INC.

Principal Place of Business	Mailing Address
5626 HIGHWAY 22	5626 HIGHWAY 22
CALLAWAY, FL 32404	CALLAWAY, FL 32404

DO NOT WRITE IN THIS SPACE

03182008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2902291	Not Applicable

5. Certificate of Status Desired   ☒   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, MARTHA C
5626 HIGHWAY 22
CALLAWAY, FL 32404

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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 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000868684 04/09/08-80018-018 158.75

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEE, MARTHA C LEE
STREET ADDRESS	5626 HIGHWAY 22
CITY-ST-ZIP	CALLAWAY, FL 32404
TITLE	VP
NAME	MIRACLE ENTERPRISES LLC
STREET ADDRESS	5626 HWY 22
CITY-ST-ZIP	CALLAWAY, FL 32404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: *Martha Cosette Lee*   3-21-2008   (850) 871-4321

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