2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State
02-23-2005 90082 040 ***158.75

DOCUMENT # K30010

1. Entity Name
SAFE-T-STORAGE, INC.

Principal Place of Business	Mailing Address
300 E DIVISION ST MINNEOLA, FL 34755 US	P O BOX 795 MINNEOLA, FL 34755 US

66006022

02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2928227
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOCIELKO, BONITA
15245 ARABIAN WAY
P O BOX 560-412
MONTEVERDE, FL 34756

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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 Bonita Kocielko 3/18/05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMPSON, ROBERT D.
STREET ADDRESS	1927 BRANTLEY CIRCLE
CITY-ST-ZIP	CLERMONT, FL
TITLE	D
NAME	KOCIELKO, JEROME E.
STREET ADDRESS	15245 ARABIAN WAY
CITY-ST-ZIP	MONTEVERDE, FL
TITLE	D
NAME	KOCIELKO, EUGENE T.
STREET ADDRESS	15225 ARABIANWAY
CITY-ST-ZIP	MONTEVERDE, FL
TITLE	S
NAME	KOCIELKO, BONITA
STREET ADDRESS	15245 ARABIAN WAY
CITY-ST-ZIP	MONTEVERDE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Bonita Kocielko 3/14/05 352-394-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #