

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # K30010**

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



Principal Place of Business  
**300 E DIVISION ST  
MINNEOLA, FL 34755 US**

Mailing Address  
**P O BOX 795  
MINNEOLA, FL 34755 US**



03112008 No Chg-P CR2E034 (11/05)

**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**

**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  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000875836  
04/11/08-80049-014 158.75**

**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/27/08 352-394-1443**