

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K30010

Entity Name: SAFE-T-STORAGE, INC.

FILED
Feb 25, 2009
Secretary of State

Current Principal Place of Business:

300 E DIVISION ST
MINNEOLA, FL 34755 US

New Principal Place of Business:

300 E DIVISION ST
MINNEOLA, FL 34715 US

Current Mailing Address:

P O BOX 795
MINNEOLA, FL 34755 US

New Mailing Address:

FEI Number: 59-2928227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KOCIELKO, BONITA
15245 ARABIAN WAY
MONTEVERDE, FL 34756 US

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.

SIGNATURE: BONITA KOCIELKO

02/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMPSON, ROBERT D.,
Address: 1927 BRANTLEY CIRCLE
City-St-Zip: CLERMONT, FL

Title: D () Delete
Name: KOCIELKO, JEROME E.,
Address: 15245 ARABIAN WAY
City-St-Zip: MONTEVERDE, FL

Title: D () Delete
Name: KOCIELKO, EUGENE T.,
Address: 15225 ARABIANWAY
City-St-Zip: MONTEVERDE, FL

Title: S () Delete
Name: KOCIELKO, BONITA,
Address: 15245 ARABIAN WAY
City-St-Zip: MONTEVERDE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONITA KOCIELKO

SEC.

02/25/2009

Electronic Signature of Signing Officer or Director

Date