


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT# M84970 1. Entity Name ASTORAGESOLUTION, INC.	
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Principal Place of Business P.O. BOX 13405 TALLAHASSEE, FL 32317 US	Mailing Address P.O. BOX 13405 TALLAHASSEE, FL 32317 US
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**DO NOT WRITE IN THIS SPACE**



01072004 NoChg-P CR2E034(10/03)

4. FEI Number 59-2909511	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  LESLIE, HAROLD C. 753 OLDDIRT ROAD TALLAHASSEE, FL 32301
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**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 where installing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LESLIE, HAROLD C. 753 OLDDIRT ROAD TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LESLIE, WINNIEM. 753 OLDDIRT ROAD TALLAHASSEE, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

01/09/04-80013-009 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Winnie M. Leslie *Winnie M. Leslie* **Winnie M. LESLIE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/7/2004 Daytime Phone#: (850) 385-2269