


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M84970**  
 1. Entity Name  
**A STORAGE SOLUTION, INC.**



Principal Place of Business      Mailing Address  
**P. O. BOX 13405**      **P.O. BOX 13405**  
**TALLAHASSEE, FL 32317 US**      **TALLAHASSEE, FL 32317 US**

**DO NOT WRITE IN THIS SPACE**



01172005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-2909511</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**LESLIE, HAROLD C.**  
**753 OLD DIRT ROAD**  
**TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D LESLIE, HAROLD C. 753 OLD DIRT ROAD TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESLIE, WJNNIE M. 753 OLD DIRT ROAD TALLAHASSEE, FL
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	

000000134444  
 01/28/05-80003-024 158.75

**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: Winnie M. Leslie - V. Pres.      1/25/2005      850-385-2269  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #