

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT



**DOCUMENT # M84970**

1. Entity Name  
A STORAGE SOLUTION, INC.

**FILED**  
**Jul 09, 2008 08:00 AM**  
**Secretary of State**

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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07032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2909511	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

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

U00000953681  
07/09/08-80001-023 150.00

DO NOT WRITE  
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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:** Harold C. Leslie 7/3/08 8503852269  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #