## 2004 NOT-FOR-PROFIT CORPORATION

### **ANNUAL REPORT**

#### **DOCUMENT # N99000002106**

STORAGE SCHOLARSHIPS OF THE SOUTH, INC.

Principal Place of Business

400 SUB STATION RD. VENICE, FL 34292

Mailing Address

400 SUB STATION RD. VENICE, FL 34292

## **FILED** Apr 19, 2004 08:00 AM Secretary of State



03082084 No Chg-NP DO NOT WRITE IN THIS SPACE

CR2E037 (10/03)

4. FEI Number 65-0913704

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEATERLY, DEE 401 SUB STATION RD. VENICE, FL 34292

SIGNATURE:

# DO NOT WRITE

·				IIV.	INIS SPACE
	named entity submits this statement for ions of registered agent.	the purpose of changing its register	red office of t	registered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE, Register	ed Agent signatur	e required whon reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Fina     Trust Fund Contribution	~ —	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	J —		
TITLE NAME SIRLE ADDRESS CITY-ST-IIP	CPD DEATERLY, DEE 400 SUB STATION RD VENICE, FL 34292				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEATERLY, LINDA 400 SUB STATION RD VENICE, FL 34292				04/20/04-80034-006 61.25
TITLE NAME STREET ADDRESS CRY-SI-ZIP	DT DEATERLY, JEFF 400 SUB STATION RD VENICE, FL 34292	·		DO	NOT WRITE
TITLE NAME STREET AODRESS CHY-SI-ZIP				IN 	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			7		
TITLS NAME STREET AODRESS CXTY-ST-ZIP					
12. I hereby a indicated of the cor changed.	pertity that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment without address.	this filing does not qualify for the ex- true and accurate and that my signi- wered to execute this report as requ with all other like empowered.	emption state ature shall ha aired by Chap	ed in Section † 19.07(3 tive the same legal effecter 617, Florida Statu	(i)), Florida Statutes. I further certify that the information act as if made under oath; that I am an officer or director tes, and that my name appears in Block 10 or Block 11 if