
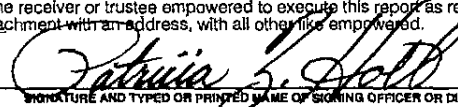


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 08:00 AM
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # P00000028523 1. Entity Name HOMOSASSA STORAGE INC. | |  |
| Principal Place of Business 8787 S SUNCOAST BLVD HOMOSASSA, FL 34446 | Mailing Address 8787 S SUNCOAST BLVD HOMOSASSA, FL 34446 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent HOLT, CHARLES A 8787 S SUNCOAST BLVD HOMOSASSA, FL 34446 | | 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) <small>Signature, typed or printed name of registered agent and title if applicable</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD HOLT, CHARLES A 11933 W. TIMBERLANE DR. HOMOSASSA, FL 34448 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD FINKE, RODNEY R 3856 MCKAY CREEK DR. LARGO, FL 337704566 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD FINKE, CHERYL D 3856 MCKAY CREEK DR. LARGO, FL 337704566 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD HOLT, PATRICIA Z 11933 W. TIMBERLANE DR. HOMOSASSA, FL 34448 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| 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:  | | Date: 2-05-2005 Daytime Phone #: 352) 628-9689 |



01072005 No Chg-P CR2E034 (10/03)

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|--|-------------------------------|
| 4. FEI Number 65-0987958 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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02/08/05-80060-001 158.75