

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000120932**

1. Entity Name  
**STOW AWAY STORAGE, INC.**



Principal Place of Business

**55 BLUFF LAKE ROAD  
MASCOTTE, FL 34753**

Mailing Address

**55 BLUFF LAKE ROAD  
MASCOTTE, FL 34753**

**DO NOT WRITE IN THIS SPACE**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**30-0009909**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRANNIGAN, JOSEPH W  
9545 NELLIE TERR  
CLERMONT, FL 34711**

**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 when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRANNIGAN, JOSEPH W
STREET ADDRESS	9545 NELLIE TERRACE
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	VP
NAME	BRANNIGAN, CHARLES
STREET ADDRESS	3113 EMERSON PLACE
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	T
NAME	BUESCHER, JOHN R
STREET ADDRESS	321 ROCKAFELLOW WAY
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000121727  
04/20/04-20064-018 150.00

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/04

Date

352-267-3822

Daytime Phone #