

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000030701

1. Entity Name
GREAT OUTDOOR STORAGE, INC.



Principal Place of Business
360 WALKER STREET
HOLLY HILL, FL 32117

Mailing Address
360 WALKER STREET
HOLLY HILL, FL 32117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022006

Chg-P

CR2E034 (11/05)

4. FEI Number

75-3033809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNES, SHIRLEY
360 WALKER ST
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BARNES, SHIRLEY ☐ Delete
STREET ADDRESS 360 WALKER ST
CITY-ST-ZIP HOLLY HILL, FL 32117

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/V/D ☒ Change ☐ Addition
NAME BARNES, Shirley
STREET ADDRESS
CITY-ST-ZIP

TITLE S/T ☐ Change ☒ Addition
NAME Dow, Jennifer
STREET ADDRESS 42 OCEAN AVE Dr.
CITY-ST-ZIP Ormond Bch FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Shirley A Barnes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIRLEY A. BARNES

3/7/06

Date

386-672-1700

Daytime Phone #

FILED

06 MAR -9 PM 1:26

CLERK OF STATE
TALLAHASSEE, FLORIDA

