


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90022 032 ***150.00

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
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2. Principal Place of Business - No P.O. Box # 360 Walker St.	3. Mailing Address 360 Walker St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Holly Hill, FL	City & State Holly Hill, FL
Zip 32117	Zip 32117
Country USA	Country USA



01112008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent BARNES, SHIRLEY 360 WALKER ST ORMOND BEACH, FL 32174	
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7. Name and Address of New Registered Agent Name: Gary Wisniewski Street Address (P.O. Box Number is Not Acceptable): 360 Walker Street City: Holly Hill, FL Zip Code: 32117	
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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: <u>Gary Wisniewski</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: <u>1/14/08</u>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD BARNES, SHIRLEY 360 WALKER ST HOLLY HILL, FL 32117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gary Wisniewski 360 Walker Street Holly Hill, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOW, JENNIFER 42 OCEAN PINE DR ORMOND BCH, FL 32174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Wendy Barnes 360 Walker Street Holly Hill, FL 32117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Wendy Barnes 360 Walker Street Holly Hill, FL 32117 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Gary Wisniewski</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>1/14/08</u>	DAYTIME PHONE #: <u>386-672-1700</u>
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