

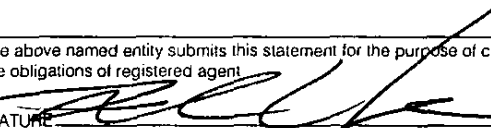
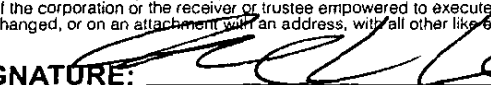


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90072 037 ***150.00

DOCUMENT # P02000034618 1. Entity Name ZOLFO STORAGE, INC.																													
Principal Place of Business 217 W PALMETTO STREET WAUCHULA, FL 33873			Mailing Address 217 W PALMETTO STREET WAUCHULA, FL 33873																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State		01172006 Chg-P CR2E034 (11/05)																									
Zip		Country		4. FEI Number 94-3429917																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MASTERSON, RITA 217 W PALMETTO STREET WAUCHULA, FL 33873				7. Name and Address of New Registered Agent Name MARSHALL NUCCIO Street Address (P.O. Box Number is Not Acceptable) 1132 MODICAN TRAIL City MULBERRY FL Zip Code 33860																									
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 1/17/06 <small>DATE</small> </div> </div>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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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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.																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: right;"> 1/17/06 <small>Date</small> </div> <div style="width: 30%; text-align: right;"> 863-777-4749 <small>Daytime Phone #</small> </div> </div>																													