## 2004 FOR PROFIT CORPORATION

**FILED** Mar 30, 2004 08:00 AM

3922

	ANNUAL	REPORT	<b>3</b> 4	j. Z	Sec	eretary of State
DOCU	MENT # P020000427				<i>J</i>	
1. Entity Name THE GARAGE STOR N MOR, INC.						
0, ",	with the second section of the second					
Principal Place	e of Business	Mailing Address		- Harrison		· ·
2960 S.E. 45TH ST. 2960 S.E. 45TH ST. OCALA, FL 34480 OCALA, FL 34480						
UUALA, FL S	UOPP	OCALA, FL 34480		# (##III### 111	##  # ##   ###   #### ##### ##	######################################
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ח	O NOT WRITE	CE	03242004	No Chg-P	CR2E034 (10/03)	
			<del>-</del>	4. FEI Numbe 01-067		Applied For Not Applicable
	عه د چندن دران این دران این دران دران دران دران دران دران دران درا			5. Certificate	of Status Desired	□ \$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent				
	, J. WILLIAM	DO NOT WRITE				
18 N.W. TI OCALA, FI	HIRD AVE, L 34475			THIS SPA		
				114 1		<b>~∨ !</b>
S The photo	named entity submits this statement for t	he purpose of changing its register	ed office or registe	red agent, or bot	h, in the State of Florin	la. I am familiar with, and accept
	trained entry southits this statement for t tions of registered agent.	The Proposition of Australia is a contract.	= 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ugo. n/ o/ Doi		
SIGNATURE.	Signature, typed or printed name of registered agent are	d title if applicable. (NOTE Registers	nd Agent signature require	d wnen reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE
SU E NOWIN FEE IS \$450.00 9. Election Campaign Finan-			neine 📚	.00 May Be	เปกกกกา	ากจรรา
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.				5.00 May Be U00000099231 03/30/04-80004-022 150.00		
10.	OFFICERS AND D	RECTORS	1	·		
title Name	DPT MOORE, DONALD J		1			
STREET ADDRESS	2960 SE 45 ST		1			
CITY-ST-ZIP	OCALA, FL 34480 DVS	and the second second	1			
NAME	MOORE, DEBRA A					
STREET ADDRESS CITY-ST-ZIP	2960 SE 45 ST OCALA, FL 34480	est est	1			
TITLE				· <del>-</del> ·		
NAME STREET ADDRESS			1	DO	NOT WE	)ITE
CITY-ST-ZIP						
TITLE NAME				IN .	THIS SPA	ACE
STREET ADDRESS						
CITY-ST-ZIP						
TITLE NAME						
STREET ADDRESS						
CITY-ST-ZIP			1			
NAME						
STREET ADDRESS CITY-ST-ZIP						en den en e
12. I hereby	certify that the information supplied with t d on this report or supplemental report is t					
i of the co	on this report of supplemental report is the receiver of trustee emporal, or on an attachment with an address, with an address, with an address.	vered to execute this report as requ	ired by Chapter 60	7, Florida Statute	es; and that my name i	appears in Block 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: