

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90013 031 ***550.00

DOCUMENT # P02000042758

1. Entity Name
THE GARAGE STOR N MOR, INC.



Principal Place of Business
**2960 S.E. 45TH ST.
OCALA, FL 34480**

Mailing Address
**2960 S.E. 45TH ST.
OCALA, FL 34480**

20063170



07102005 Chg-P CR2E034 (10/03)

4. FEI Number
01-0676848

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BULLARD, J. WILLIAM
18 N.W. THIRD AVE.
OCALA, FL 34475**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	MOORE, DONALD J	
STREET ADDRESS	2960 SE 45 ST	
CITY-ST-ZIP	OCALA, FL 34480	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	MOORE, DEBRA A	
STREET ADDRESS	2960 SE 45 ST	
CITY-ST-ZIP	OCALA, FL 34480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DONALD J.	
STREET ADDRESS	2960 SE 45 ST.	
CITY-ST-ZIP	OCALA, FL 34480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Donald J. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-05
Date

352-401-9922
Daytime Phone #