

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90051 015 ***150.00

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1. Entity Name
AUSTIN'S STORE-IT-ALL, INC.



Principal Place of Business
108 S OLD DIXIE HWY
LADY LAKE, FL 32159

Mailing Address
108 S OLD DIXIE HWY
LADY LAKE, FL 32159



03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0536658

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEINMETZ, NANCY P
108 S OLD DIXIE HWY
LADY LAKE, FL 32159

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEINMETZ, NANCY P
STREET ADDRESS	108 S OLD DIXIE HWY
CITY - ST - ZIP	LADY LAKE, FL 32158
TITLE	V
NAME	STEINMETZ, NEIL J
STREET ADDRESS	108 S OLD DIXIE HWY
CITY - ST - ZIP	LADY LAKE, FL 32159
TITLE	V
NAME	STEINMETZ, STEPHEN A
STREET ADDRESS	108 S OLD DIXIE HWY
CITY - ST - ZIP	LADY LAKE, FL 32159
TITLE	ST
NAME	O'BRIEN, SUSAN
STREET ADDRESS	108 S OLD DIXIE HWY
CITY - ST - ZIP	LADY LAKE, FL 32159
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Nancy Steinmetz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-06
Date

352-753-9009
Daytime Phone #