2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014059

Entity Name: H.G. STORAGE, INC

MCCULLY, JOHN

2937 OBERLIN AVE

ORLANDO, FL 32804

Name: Address:

City-St-Zip:

FILED Jan 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6831 EDGEWATER COMMERCE PKWY **UNIT 1110** ORLANDO, FL 32810 **New Mailing Address: Current Mailing Address:** 1629 DORMONT LANE ORLANDO, FL 32804 FEI Number: 55-0818417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCMCULLY, BRYAN T MCCULLY, BRYAN T 1629 DORMONT LANE 1629 DORMONT LANE ORLANDO, FL 32804 US US ORLANDO, FL 32804 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. SIGNATURE: BRYAN T. MCCULLY 01/28/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MCCULLY, BRYAN T Name: Name: 1629 DORMONT LANE Address: Address: City-St-Zip: ORLANDO, FL 32804 City-St-Zip: (X) Delete Title: DV Title: () Change () Addition Name: SBAACHNIG, MARY Name: 75 NORTH AVE Address: Address: PARK RIDGE, NJ 07656 City-St-Zip: City-St-Zip: Title: Title: DS (X) Delete () Change () Addition KESTLER, TEARE Name: Name: 884 37TH STREET Address: Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: Title: DT (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BRYAN T. MCCULLY DP 01/28/2005