

ANNUAL REPORT (AK)**DOCUMENT # P03000023309**

1. Entity Name

STORM PROPERTIES, INC.

FILED
Feb 01, 2007 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/06)

 4. FEI Number **75-3103519** ☐ Applied For
☐ Not Applicable

 5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required
6. Name and Address of Current Registered Agent
BRILLINGER, EDWARD
1615 SW 6TH AVE.
FT. LAUDERDALE FL 33315
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 \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

 9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. ☐ Added to Fees
10. OFFICERS AND DIRECTORS**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**
 TITLE ☐ Delete
 NAME **BRILLINGER, EDWARD**
 STREET ADDRESS **1615 SW 6TH AVE.**
 CITY - ST - ZIP **FT. LAUDERDALE FL 33315**
☐ Change ☐ Addition
U00000616452
02/07/07-80029-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-07 954-525-0199

Date

Daytime Phone #