

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90025 034 \*\*\*158.75

**DOCUMENT # P03000046832**

1. Entity Name

THE SHED STORE, INC.



Principal Place of Business

3335 S. SUNCOAST BLVD.  
HOMOSASSA FL 34448

Mailing Address

3335 S. SUNCOAST BLVD.  
HOMOSASSA FL 34448

2. Principal Place of Business

1505 S. SUNCOAST BLVD

Suite, Apt. #, etc.

3. Mailing Address

1505 S. SUNCOAST BLVD

Suite, Apt. #, etc.

City & State

HOMOSASSA, FL

City & State

HOMOSASSA, FL

4. FEI Number

51-0443497

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

Zip

34448

Country

USA

Zip

34448

Country

USA

6. Name and Address of Current Registered Agent

GAULT, CLYDE  
3335 S. SUNCOAST BLVD.  
HOMOSASSA FL 34448

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1505 S. SUNCOAST BLVD

City

HOMOSASSA

FL

Zip Code

34448

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME GAULT, CLYDE  
STREET ADDRESS 3335 S. SUNCOAST BLVD.  
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE ☐ Delete

NAME GAV  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME PRESIDENT  
GAULT, CLYDE  
STREET ADDRESS 1505 S. SUNCOAST BLVD  
CITY-ST-ZIP HOMOSASSA, FL 34448

TITLE ☐ Change ☒ Addition

NAME VICE-PRESIDENT  
GAULT, DIANE  
STREET ADDRESS 1505 S. SUNCOAST BLVD  
CITY-ST-ZIP HOMOSASSA, FL 34448

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Clyde N. Gault*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/04 (352) 564-0000

Date

Daytime Phone #