



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # P03000101404 1. Entity Name PARKMORE STORAGE, INC.																	
<small>Principal Place of Business</small> 4646 PARKMORE PLAZA MILTON, FL 32583		<small>Mailing Address</small> 4646 PARKMORE PLAZA MILTON, FL 32583															
DO NOT WRITE IN THIS SPACE		 01072008 No Chg-P CR2E034 (11/05)															
		<table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%; border-bottom: 1px solid black;">4. FEI Number 20-0377150</td><td style="width: 20%; border-bottom: 1px solid black; text-align: center;">Applied For</td></tr><tr><td style="border-bottom: 1px solid black;">5. Certificate of Status Desired <input type="checkbox"/></td><td style="border-bottom: 1px solid black; text-align: center;">Not Applicable</td></tr></table>		4. FEI Number 20-0377150	Applied For	5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable										
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6. Name and Address of Current Registered Agent CASSIDA, LOUIS O II 4646 PARKMORE PLAZA MILTON, FL 32583		DO NOT WRITE IN THIS SPACE															
<small>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.</small>																	
<table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; border-bottom: 1px solid black;"><small>SIGNATURE</small></td><td style="width: 40%; border-bottom: 1px solid black;"><small>DATE</small></td></tr><tr><td colspan="2" style="font-size: small;"><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small></td></tr></table>				<small>SIGNATURE</small>	<small>DATE</small>	<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>											
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</small>															
<table style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="text-align: center; border-bottom: 1px solid black;">10. OFFICERS AND DIRECTORS</td></tr><tr><td style="width: 15%; border: 1px solid black; font-size: small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="border: 1px solid black; padding: 2px;">D CASSIDA, LOUIS O 4646 PARKMORE PLAZA MILTON, FL 32583</td></tr><tr><td style="border: 1px solid black; font-size: small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="border: 1px solid black; padding: 2px;">D NETTLES, EDWARD E 4646 PARKMORE PLAZA MILTON, FL 32583</td></tr><tr><td style="border: 1px solid black; font-size: small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="border: 1px solid black;"></td></tr><tr><td style="border: 1px solid black; font-size: small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="border: 1px solid black;"></td></tr><tr><td style="border: 1px solid black; font-size: small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="border: 1px solid black;"></td></tr><tr><td style="border: 1px solid black; font-size: small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="border: 1px solid black;"></td></tr></table>				10. OFFICERS AND DIRECTORS		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDA, LOUIS O 4646 PARKMORE PLAZA MILTON, FL 32583	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NETTLES, EDWARD E 4646 PARKMORE PLAZA MILTON, FL 32583	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<div style="font-family: monospace; font-size: 1.2em;">U00000785507 01/17/08-80002-023 150.00</div> DO NOT WRITE IN THIS SPACE																	
<small>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 I am empowered.</small>																	
<table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; border-bottom: 1px solid black;">SIGNATURE: <i>Edward E. Nettles</i></td><td style="width: 20%; border-bottom: 1px solid black;">1-14-08</td><td style="width: 20%; border-bottom: 1px solid black;">850-981-0075</td></tr><tr><td style="font-size: x-small; text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</td><td style="font-size: x-small; text-align: center;">Date</td><td style="font-size: x-small; text-align: center;">Daytime Phone #</td></tr></table>				SIGNATURE: <i>Edward E. Nettles</i>	1-14-08	850-981-0075	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #								
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