## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED May 02, 2008 8:00 am Secretary of State

☐ Change

Addition

1. Entity Nam	MENT # P04000008 STORS, INC.			05-02-2008	90174 013 ***15	0.00	
Principal Place of Business Mailing Address			l	40095	199		
1	ITVIEW DRIVE	2761 SUMMITVIEW DI	2761 SUMMITVIEW DRIVE LAKELAND, FL 33812		166		
				(	111 B)ST 8814 BSU 83		ICOTO DE ISON
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (12/06)	
City & State		City & State	City & State		4. FEI Number Applied For 51-0494327 Not Applicable		
Zip	Country	Zip	Country	5. Certificate o	Status Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CALABRECE IOUN I				Name			
CALABRESE, JOHN J 2761 SUMMITVIEW DRIVE LAKELAND, FL 33812			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
DIKE DIVI	D, 1 C 30012						
			City			FL Zip Cod	9
	named entity submits this statement for	or the purpose of changing it	s registered office or reg	istered agent, or both	, in the State of Fl	orida. I am familiar with,	and accept
ine obligat	ions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature re	quired when reinstating)		DATE	<del></del>
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fine Trust Fund Contribution				\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRE		DIRECTORS	11.	ADDITIONS/C	HANGES TO OFF	FICERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS	V CALABRESE, JOHN J 2761 SUMMITVIEW DRIVE	☐ Delete	TITLE NAME STREET ADDRESS			Change	Addition :
CITY-ST-ZIP	LAKELAND, FL 33812		CITY-ST-ZIP				
TITLE	P	Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	CALABRESE, DIANE C ESS 2761 SUMMITVIEW DRIVE STR						
CITY-ST-ZIP	LAKELAND, FL 33812		STREET ADDRESS CITY-ST-ZIP				
TITLE	ST	☐ Delete	TITLE	S		Change	Addition
NAME	CALABRESE, JOHN A		NAME				_ i
STREET ADDRESS CITY-ST-ZIP	1		STREET ADDRESS CITY-ST-ZIP				
TITLE	LAKELAND, FL 33812	☐ Delete	TITLE	<del></del>		☐ Chance	Addition
NAME	THE C. CALA	RESE	NAME	JUSTIN (	C. CAL	ABRESE Change	A COURTON
STREET ADDRESS STREET			STREET ADDRESS				j
City-St-ZiP ·	THE PARTY OF THE P	<del>Hot</del>	CITY-ST-ZIP	LAKELANI	FL		
TITLE		Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME Street Address	,			
CITY-ST-ZIP	1		CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or suppliemental 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 trusted empowerful 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 artischment with an address, withful other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Detete

TITLE

NAME '

STREET ADDRESS

CITY-ST-ZIP

UNE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR SIGNATURE: