

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90272 036 ***150.00

DOCUMENT # P04000011501

1. Entity Name
THE STORAGE DEPOT OF OCALA, INC.



Principal Place of Business
**9085 SW HWY 200
OCALA, FL 34481**

Mailing Address
**9085 SW HWY 200
OCALA, FL 34481**

60027215



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0620646

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRISTENSEN, ANNE M
817 NW 30TH AVE
OCALA, FL 34481**

Name
Street Address (P.O. Box Number is Not Acceptable)
9085 SW Hwy 200
City **Ocala** **FL** Zip Code **34481**

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 ANNE M CHRISTENSEN Anne M Christensen 1-8-06
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **CHRISTENSEN, ANNE M**
STREET ADDRESS **9147 SW 197TH CIRCLE**
CITY-ST-ZIP **DUNNELLON, FL 34432**

TITLE **P** ☐ Delete
NAME **CHRISTENSEN, EVAN P**
STREET ADDRESS **10627 SW 55TH PLACE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **T/S** ☐ Delete
NAME **CHRISTENSEN, DANA D**
STREET ADDRESS **19898 SE 75TH STREET**
CITY-ST-ZIP **OCALA, FL 34481**

TITLE **V** ☐ Delete
NAME **CHRISTENSEN, DAVID D**
STREET ADDRESS **20 OAK HOLLOW DRIVE**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

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
STREET ADDRESS **19527 SW 86th Ln**
CITY-ST-ZIP **Dunnellon, FL 34432**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4715 Grant Mills Dr**
CITY-ST-ZIP **Lynn Haven, FL 32444**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9147 SW 197th Circle**
CITY-ST-ZIP **Dunnellon, FL 34432**

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 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 like empowered.

SIGNATURE: DANA D. CHRISTENSEN Dana D. Christensen 1-6-06 629-7168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #