

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90017 024 ***150.00

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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**

40055577



01132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**CHRISTENSEN, ANNE M
9085 SW HWY 200
OCALA, FL 34481**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
CHRISTENSEN, ANNE M
19527 SW 86TH LN
DUNNELLON, FL 34432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CHRISTENSEN, EVAN P
4715 GRANT MILLS DR
LYNN HAVEN, FL 32444**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CHRISTENSEN, DAVID D
9147 SW 197TH CIR
DUNNELLON, FL 34432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-07

Date

Daytime Phone # _____