

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049453

FILED
Jul 21, 2005
Secretary of State

Entity Name: STORE OR SHIP, INC.

Current Principal Place of Business:

800 SECOND AVE SOUTH STE 380
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

800 SECOND AVE SOUTH STE 380
ST PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 34-2001225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECOMPTE, MORRIS A
800 SECOND AVE SOUTH STE 380
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Change (X) Addition
Name: HANSEN, JOHN B
Address: 515 BELLE ISLE AVENUE
City-St-Zip: BELLEAIR BEACH, FL 33786 US

Title: VP () Change (X) Addition
Name: LECOMPTE, MORRIS A
Address: 800 SECOND AVENUE SOUTH SUITE 380
City-St-Zip: ST. PETERSBURG, FL 33701 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORRIS A. LECOMPTE

VP

07/21/2005

Electronic Signature of Signing Officer or Director

Date