


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000085074</b> 1. Entity Name STOR-A-WAY II, INC.	
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Principal Place of Business 5094 SE FEDERAL HWY. STUART, FL 34997	Mailing Address 5094 SE FEDERAL HWY. STUART, FL 34997
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**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3720925	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, ROBERT C  
5094 SE FEDERAL HWY.  
STUART, FL 34997

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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLEIN, ROBERT C 5094 SE FEDERAL HWY. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHENBERG, LARRY L 5094 SE FEDERAL HWY. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FRISCH, SIDNEY JR. 5094 SE FEDERAL HWY. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLEIN, SANDY L 5094 SE FEDERAL HWY. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/17/06-80024-016 150.00

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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:  President 1/10/06 712-286-2022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #