

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 8:00 am
Secretary of State

01-06-2005 90003 010 ***158.75

DOCUMENT # P04000111546 1. Entity Name STORMDEPOT SALES, INSTALLATIONS & SUPPLY INC.																											
Principal Place of Business 740 NW BUCK HENDRY WAY STUART, FL 34997		Mailing Address 740 NW BUCK HENDRY WAY STUART, FL 34997																									
2. Principal Place of Business 740 NW BUCK HENDRY WAY Suite, Apt. #, etc.		3. Mailing Address 740 NW BUCK HENDRY WAY Suite, Apt. #, etc.																									
City & State Stuart, FL		City & State Stuart FL																									
Zip 34994		Zip 34994																									
Country		Country																									
4. FEI Number 20-1428973		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent RIESELMAN, WILLIAM R 740 NW BUCK HENDRY WAY STUART, FL 34997		7. Name and Address of New Registered Agent Name Ellis Hyers Street Address (P.O. Box Number is Not Acceptable) 740 NW BUCK HENDRY WAY City Stuart FL Zip Code 34994																									
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 <u><i>Ellis C. Hyers</i></u> (NOTE: Registered Agent signature required when reinstating) 1/3/05 DATE																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PTD RIESELMAN, WILLIAM R</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">740 NW BUCK HENDRY WAY</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">STUART, FL 34997</td> </tr> </table>		TITLE	PTD RIESELMAN, WILLIAM R	<input checked="" type="checkbox"/> Delete	NAME			STREET ADDRESS	740 NW BUCK HENDRY WAY		CITY-ST-ZIP	STUART, FL 34997		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PTD Ellis C. Hyers</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">740 NW BUCK HENDRY WAY</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">STUART, FL 34994</td> </tr> </table>		TITLE	PTD Ellis C. Hyers	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	740 NW BUCK HENDRY WAY		CITY-ST-ZIP	STUART, FL 34994	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Ellis C. Hyers</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/3/05 Daytime Phone #																									