2005 FOR PROFIT CORPORATION

Jun 09, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000152953** 06-09-2005 90001 017 ***550.00 STORAGE OVERHEAD SYSTEMS OF SW FLORIDA CORP. Principal Place of Business Mailing Address 15630 MCGREGOR BLVD 15630 MCGREGOR BLVD FORT MYERS, FL 33908 US FORT MYERS, FL 33908 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 06012005 CR2E034 (10/03) Chg-P 101 City & State City & State 4. FEI Number Applied For 20 -Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOCZARA, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 15630 MCGREGOR BLVD FORT MYERS, FL 33908 City Zip Code 8. The above named early 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 red agent... SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Change ☐ Addition TITLE TITLE KOCZARA, PATRICIA A NAME NAME STREET ADDRESS 15630 MCGREGOR BLVD STREET ADDRESS FORT MYERS, FL 33908 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition KOCZARA, PATRICIA A NAME NAME STREET ADDRESS 15630 MCGREGOR BLVD STREET ADDRESS ÇITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP Сhange TITLE Delete TITLE ☐ Addition KOCZARA, PATRICIA A NAME NAME STREET ADDRESS 15630 MCGREGOR BLVD STREET ADDRESS FORT MYERS, FL 33908 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KOCZARA, ROBERT L NAME STREET ADDRESS 15630 MCGREGOR BLVD STREET ADDRESS CITY+ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP TITI F TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP

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

SIGNATURE:

FILED