

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90047 025 \*\*\*150.00

60005076



<b>DOCUMENT # P04000152953</b> 1. Entity Name <b>STORAGE OVERHEAD SYSTEMS OF SW FLORIDA CORP.</b>					
Principal Place of Business <b>15630 MCGREGOR BLVD FORT MYERS, FL 33908 US</b>			Mailing Address <b>15630 MCGREGOR BLVD 101 FORT MYERS, FL 33908 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b># 101</b>		3. Mailing Address Suite, Apt. #, etc. 		01162006    Chg-P    CR2E034 (11/05)	
City & State 		City & State 		4. FEI Number <b>20-1855881</b>	
Zip 		Zip 		Country 	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>KOCZARA, PATRICIA A 15630 MCGREGOR BLVD FORT MYERS, FL 33908</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE _____	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KOCZARA, PATRICIA A 15630 MCGREGOR BLVD FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>15630 MCGREGOR BLVD #101</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KOCZARA, PATRICIA A 15630 MCGREGOR BLVD FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>15630 MCGREGOR BLVD #101</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KOCZARA, PATRICIA A 15630 MCGREGOR BLVD FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>15630 MCGREGOR BLVD #101</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KOCZARA, ROBERT L 15630 MCGREGOR BLVD FORT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>15630 MCGREGOR BLVD #101</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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.					
<b>SIGNATURE:</b> <i>Patricia A Koczara</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/16/06</b> Daytime Phone # <b>239-437-1063</b>		