

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000062901

1. Entity Name
STORMS INVESTMENT GROUP, INC.



Principal Place of Business
4205 WINDING VINE COURT
BRANDON, FL 33511 US

Mailing Address
4205 WINDING VINE COURT
BRANDON, FL 33511 US



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2768716

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STORMS, MICHAEL R JR
4205 WINDING VINE COURT
BRANDON, FL 33511

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STORMS, MICHAEL R JR
STREET ADDRESS	4205 WINDING VINE COURT
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	TREA
NAME	STORMS, MICHAEL R JR
STREET ADDRESS	4205 WINDING VINE COURT
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VP
NAME	STORMS, LORI
STREET ADDRESS	4205 WINDING VINE COURT
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	SEC
NAME	STORMS, LORI
STREET ADDRESS	4205 WINDING VINE COURT
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000637780
02/27/07-80003-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-07 813-689-9289