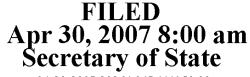
## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P05000106640



04-30-2007 90864 047 \*\*\*150.00

1. Entity Nam STOCK I		(IT STORAGE, IN										
Principal Place of Business				ng Address				1				
502 S.E. 3RD STREET BELLE GLADE, FL 33430				502 S.E. 3RD STREET BELLE GLADE, FL 33430					046	· · · ·		
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				7 Chg-P	CR2E	034 (12/	/06)	
City & State			City & State				4. FEI Nur 56-25	nber 536427				olied For Applicable
Zip	Zip Country		Zip	Zip Coun		ntry	5. Certifica	ate of Status Desired		\$8.75 Fee Re	Addi	tional
	6. Name	and Address of Current	7. Name and Address of New Registered Agent									
CONGLETON, JAY M						Name						
502 S.E. 3RD STREET BELLE GLADE, FL 33430						Street Address (P.O. Box Number is Not Acceptable)						
						City	··········		FI	Zip	Code	
The above named entity submits this statement for the purpose of changing its registered of the purpose of							istered agent, or	both, in the State of Flo			with, a	and accept
the obligations of registered agent.												
SIGNATURE	Signature, typed	or printed name of registered agen	and little if a	oplicable. (NOT	E: Registere	ed Agent signature req	quired when reinstating)	<del> </del>	DATE			
FILE NOWIII 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.	.,			DIRECTORS 11.			ADDITION	IS/CHANGES TO OFF	ICERS AN	D DIREC	TORS	IN 11
TITLE	D	TON: 1437.44	☐ Delete TITLE							☐ Cha	апде	Addition
NAME STREET ADDRESS	CONGLETON, JAY M PESS   502 S.E. 3RD STREET		NAA STR		eet address							
CITY-ST-ZIP				CITY								
TITLE	D CONCLETON LODIER			☐ Delete III						☐ Cha	ange	Addition
NAME STREET ADDRESS	CONGLETON, LORI B DORESS 502 S.E. 3RD STREET			NAM Stre		AE EET ADDRESS						
CITY-ST-ZIP	BELLE GLADE, FL 33430					/-ST-ZIP						
TITLE				☐ Delete	TIT.	)	****			☐ Cha	ange	Addition
NAME STREET ADDRESS			NAME STREE		ae Eet address							
CITY-ST-ZIP		_				r-st-zip						
TITLE				☐ Delete	TITL					☐ Cha	ange	☐ Addition
NAME STREET ADDRESS					NAM STRI	EET ADDRESS						
CITY-ST-ZIP						/-ST-ZIP						
TITLE				☐ Delete	TITL					☐ Cha	ange	Addition
NAME STREET ADDRESS					NAM							
CITY-ST-ZIP						EET ADDRESS (-ST-ZIP						
TITLE		· · · · · ·		☐ Delete	TIN.	E				☐ Cha	ange	Addition
NAME					NAM							
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS 7-ST-ZIP						

THE WAY

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:

561-9960555