

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000162551

FILED
Mar 01, 2008
Secretary of State

Entity Name: TOP SHELF STORAGE 1, INC.

Current Principal Place of Business:

105 ESTES PLACE
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 611512
ROSEMARY BEACH, FL 32461

New Mailing Address:

105 ESTES PLACE
PANAMA CITY BEACH, FL 32413

FEI Number: 20-4455858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAGE, LEE
122 HOPETOWN LANE
ROSEMARY BEACH, FL 32461 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAGE, LEE
Address: P.O. BOX 611512
City-St-Zip: ROSEMARY BEACH, FL 32461

Title: VP () Delete
Name: HENNEY, MATTHEW W
Address: 10 SILK BAY DR #121
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP () Delete
Name: SAGE, JONAH D
Address: 10 SILK BAY DR #121
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP () Delete
Name: SAGE, JUSTIN
Address: P.O. BOX 611512
City-St-Zip: ROSEMARY BEACH, FL 32461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE A SAGE

P

03/01/2008

Electronic Signature of Signing Officer or Director

Date