

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 17, 2007 8:00 am
Secretary of State

07-20-2007 90038 001 *1,100.00

66021003



2nd MOORE CR2E034 (4/07)

DOCUMENT # P06000003682 1. Entity Name STORRINGTON CORPORATION LEGAL SERVICES, INC.					
Principal Place of Business 610 W. AZEELE ST. TAMPA FL 33606			Mailing Address 610 W. AZEELE ST. TAMPA FL 33606		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2479443	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent AYE, WALTER E 610 W. AZEELE ST. TAMPA FL 33606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 date if applicable (NOTE: Registered Agent signature required when terminating)</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State		S 607.193(2)(b), F.S. allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="display: flex; justify-content: space-between;"> D <input type="checkbox"/> Delete </div> AYE, WALTER E 610 W. AZEELE ST. TAMPA FL 33606			TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete </div>			TITLE NAME STREET ADDRESS CITY- ST- ZIP <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

ATTACHMENT

STORRINGTON CORPORATION
610 WEST AZEELE STREET
TAMPA, FLORIDA 33606

August 14, 2007

66021003
#P06000003682

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee FL 32314

Re: Storrington Corporation
2007 Annual Report

Pursuant to the instruction provided from your office dated July 25 [copy enclosed], the 2007 Annual Report is returned as corrected. Thanks you.

Sincerely,

Storrington Corporation

By: W.E. Aye
Walter E. Aye

WEA/so