OR PROFIT CORPORATION ANNUAL REPORT

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FILED
11 JUN 28 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 AR 200094578

CR2E034B (11/08)

DOCUMENT # P06000061331

1. Entity Name
Haven STorage Systems, Inc.

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1621 Park ST. N.	PO. Box
Suite, Apt. #, etc.	Suite, Apt. #, etc. 40401
City & State: ST. PeTerSburg, FL	City & State: ST. PeTerSburg FL
Zip: 33710 Country: USA	Zip: 33710 Country: USA

4. FEI Number 20-4856592 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Philip Cox

Street Address (P.O. Box Number is Not Acceptable): 1621 Park ST. N.

City: ST. PeTerSburg FL Zip Code: 33710

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: President, Haven STorage Systems Inc June 24.11
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Philip Cox
STREET ADDRESS	1621 Park ST. N.
CITY-ST-ZIP	ST PeTerSburg, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Philip Cox, President June 24.11 727.535.5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #