


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90092 029 \*\*\*150.00

<b>DOCUMENT # P06000082562</b> 1. Entity Name <b>STORM SOLUTIONS OF CENTRAL FLORIDA, INC.</b>																													
Principal Place of Business <b>100 HOLLYHOCK DR ALTAMONTE SPRINGS, FL 32701</b>			Mailing Address <b>P.O. BOX 150325 ALTAMONTE SPRINGS, FL 32715</b>																										
2. Principal Place of Business - No P.O. Box # <b>361 Prairie Lake Circle</b>		3. Mailing Address Suite, Apt. #, etc. City & State <b>Altamonte Springs, FL</b>																											
Suite, Apt. #, etc. City & State <b>Altamonte Springs, FL</b>		Suite, Apt. #, etc. City & State <b>Altamonte Springs, FL</b>		4. FEI Number <b>90-0289073</b>																									
Zip <b>32701</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>COYNE, MATTHEW L 100 HOLLYHOCK DR ALTAMONTE SPRINGS, FL 32701</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																									
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 <u>Matthew Coyne</u> DATE <u>1-10-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:40%;">Delete</td> </tr> <tr> <td>NAME</td> <td>COYNE, MATTHEW L</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100 HOLLYHOCK DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ALTAMONTE SPRINGS, FL 32701</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	COYNE, MATTHEW L	<input type="checkbox"/>	STREET ADDRESS	100 HOLLYHOCK DR		CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:40%;">Change</td> </tr> <tr> <td>NAME</td> <td>COYNE, MATTHEW L</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>361 Prairie Lake Circle</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Altamonte Springs, FL 32701</td> <td><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	Change	NAME	COYNE, MATTHEW L	<input type="checkbox"/>	STREET ADDRESS	361 Prairie Lake Circle	<input type="checkbox"/>	CITY - ST - ZIP	Altamonte Springs, FL 32701	<input type="checkbox"/>
TITLE	NAME	Delete																											
NAME	COYNE, MATTHEW L	<input type="checkbox"/>																											
STREET ADDRESS	100 HOLLYHOCK DR																												
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701																												
TITLE	NAME	Change																											
NAME	COYNE, MATTHEW L	<input type="checkbox"/>																											
STREET ADDRESS	361 Prairie Lake Circle	<input type="checkbox"/>																											
CITY - ST - ZIP	Altamonte Springs, FL 32701	<input type="checkbox"/>																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:40%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:40%;">Change</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	Change	NAME		<input type="checkbox"/>	STREET ADDRESS		<input type="checkbox"/>	CITY - ST - ZIP		<input type="checkbox"/>
TITLE	NAME	Delete																											
NAME		<input type="checkbox"/>																											
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	NAME	Change																											
NAME		<input type="checkbox"/>																											
STREET ADDRESS		<input type="checkbox"/>																											
CITY - ST - ZIP		<input type="checkbox"/>																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:40%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:40%;">Change</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	Change	NAME		<input type="checkbox"/>	STREET ADDRESS		<input type="checkbox"/>	CITY - ST - ZIP		<input type="checkbox"/>
TITLE	NAME	Delete																											
NAME		<input type="checkbox"/>																											
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	NAME	Change																											
NAME		<input type="checkbox"/>																											
STREET ADDRESS		<input type="checkbox"/>																											
CITY - ST - ZIP		<input type="checkbox"/>																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:40%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:40%;">Change</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	Change	NAME		<input type="checkbox"/>	STREET ADDRESS		<input type="checkbox"/>	CITY - ST - ZIP		<input type="checkbox"/>
TITLE	NAME	Delete																											
NAME		<input type="checkbox"/>																											
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	NAME	Change																											
NAME		<input type="checkbox"/>																											
STREET ADDRESS		<input type="checkbox"/>																											
CITY - ST - ZIP		<input type="checkbox"/>																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:40%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:40%;">Change</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	Change	NAME		<input type="checkbox"/>	STREET ADDRESS		<input type="checkbox"/>	CITY - ST - ZIP		<input type="checkbox"/>
TITLE	NAME	Delete																											
NAME		<input type="checkbox"/>																											
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	NAME	Change																											
NAME		<input type="checkbox"/>																											
STREET ADDRESS		<input type="checkbox"/>																											
CITY - ST - ZIP		<input type="checkbox"/>																											
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: <u>Matthew Coyne</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1-12-07</u> Daytime Phone # <u>407 832 5183</u>																									