

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90467 001 ***150.00
05-05-2008 90467 002 *****8.75

DOCUMENT # P07000091944

1. Entity Name
ACCUMOBILE STORAGE, INC.



Principal Place of Business Mailing Address
~~107 ATWOOD LANE~~ **503 S. NOVA ROAD** **PO BOX 11587**
ORMOND BEACH, FL 32176 **DAYTONA BEACH, FL 32120-1587**
32174

66009573



2. Principal Place of Business - No P.O. Box #
503 S. NOVA RD
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 11587
Suite, Apt. #, etc.

04232008 Chg-P CR2E034 (12/06)

City & State
ORMOND BEACH, FL
Zip
32174
Country
U.S.A.

City & State
DAYTONA BEACH, FL
Zip
32120-1587
Country
USA

4. FEI Number
26-0768277
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TOBIN, JAMES H
107 ATWOOD LANE
ORMOND BEACH, FL 32176

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 agents.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.
JAMES H. TOBIN

(NOTE: Registered Agent signature required when reinstating)

4/30/08
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST TOBIN, JAMES H 107 ATWOOD LANE ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

386.672.4336

Daytime Phone #

ATTACHMENT

66009573

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[Help](#)**Annual Report Online Filing**

Document Number P07000091944

Business Entity Name ACCUMOBILE STORAGE, INC.

FEI Number 26 - 0768277

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status ☒ \$8.75 (Optional)Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address 503 S. Nova Road (PO Box not acceptable)

Suite, Apt. #, etc.

City, State ORMOND BEACH FL

Zip Code & Country 32174

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☐ Mailing address same as principal address

Address PO BOX 11587

Suite, Apt. #, etc.

City, State DAYTONA BEACH FL

Zip Code & Country 321201587

Name And Address of Registered Agent

Name (Last, First, Middle, Title) TOBIN JAMES H

- OR -

Business to serve as RA

Street Address In Florida 107 ATWOOD LANE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State ORMOND BEACH FL

ATTACHMENT

66009573

#PO#000091944

Zip Code & Country

32176

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title

DPST

Name (Last, First, Middle, Title)

TOBIN

JAMES

H

- OR -

Entity Name to serve as Officer/Director

Street Address

107 ATWOOD LANE

City, State

ORMOND BEACH

FL

Zip Code & Country

32176

Name And Address #2

Title

N. A.

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #3

Title

N. A.

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

ATTACHMENT

66009573

007000091944

Name And Address #4

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Pres

Officer/Director Signature

James H. Tobin

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

ATTACHMENT

66009573

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[Help](#)

Annual Report Online Filing

Document Tracking # - 500124324855

Document Number # - P07000091944

The charge amount for your filing is \$150.00

PAID CHECK #1098
DATED 4/1/08PLUS CHECK #1099 - REQUEST FOR
CERTIFICATE OF STATUS

Annual Reports are processed and posted within 24 to 48 hours of filing. Only corporations requesting a certificate of status will receive correspondence via the US Postal Service. We do not provide an e-mail acknowledgement.

In order to complete this transaction you must select one of the payment options listed below.

If you press the 'Credit Card Payment' button from this screen, you will be sent to the payment screen to be charged for this filing.

[Credit Card Payment](#)

Please select the option below only if you have an established Sunbiz E-File Account and wish to file your annual report using your account. If you enter an account number and password and press the 'Sunbiz E-file Account Payment' button from this screen, your account will be charged.

Sunbiz E-file account number

Password

E-mail Address

[Sunbiz E-file Account Payment](#)[Home](#) [Contact us](#) [Document Searches](#) [E-Filing Services](#) [Forms](#) [Help](#)[Copyright and Privacy Policies](#)

Copyright © 2007 State of Florida, Department of State.