


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000084911 1. Entity Name STOR-SAFE SYSTEMS, INC.	
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Principal Place of Business 1030 DIGIORGIO RD FT PIERCE, FL 34982	Mailing Address 1030 DIGIORGIO RD FT PIERCE, FL 34982
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DO NOT WRITE IN THIS SPACE



06282006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0585175	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACY, PATRICIA A
1030 DIGIORGIO RD
FT PIERCE, FL 34982

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACY, PATRICIA A 1030 DIGIORGIO RD FT PIERCE, FL 34982
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07/03/06-80001-014 150.00

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: *Patricia A. Macy* **Date:** 6/28/06 **Daytime Phone #:** (772) 467-9922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR