


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000009375</b> 1. Entity Name <b>ARPELLINI ON SITE STORAGE, INC.</b>	
--	---

Principal Place of Business <b>3446 SW ARPELLINI AVE PALM CITY, FL 34990</b>	Mailing Address <b>P.O. BOX 678 PALM CITY, FL 34990-0678</b>
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



01212008 No Chg-P CR2E034 (11/05)

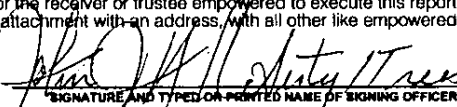
4. FEI Number <b>65-0461672</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NICHOLASON, JOHN J 3446 SW ARPELLINI AVE PALM CITY, FL 34990</b>
--

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 title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ARPELLINI, JULIO 1930 SW CRANE CREEK AVE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUSHARM, JUDITH R 1230 SW DYER POINT ROAD PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRURY, JEFFREY 16227 SW 2 WOOD WAY INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARPELLINI, RICHARD 5420 VIA OLAS NEWBURY PARK, CA 91320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARPELLINI, DAVID 611 NW SUNSET DR STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NICHOLASON, JOHN J 1149 SW HOGAN ST PORT SAINT LUCIE, FL 34983

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.  <b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>John J. Nicholason, STD</b> Date	<b>772-287-0575</b> Daytime Phone #
--	--	--

**DO NOT WRITE  
IN THIS SPACE**

U00000811755  
02/12/08-80018-019 158.75

**DO NOT WRITE  
IN THIS SPACE**