

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000049764

Entity Name: STOR-RIDGE, INC.

FILED  
Jan 23, 2009  
Secretary of State

## Current Principal Place of Business:

1759 W LOCKPORT LANE  
DUNNELLON, FL 34434 US

## New Principal Place of Business:

## Current Mailing Address:

C/O STOR-RIDGE INC  
P.O. BOX 1107  
DUNNELLON, FL 344301198 US

## New Mailing Address:

C/O STOR-RIDGE, INC.  
P.O. BOX 1107  
DUNNELLON, FL 34430 US

FEI Number: 59-3253522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERTS, WAYNE  
3475 W CYPRESS DR  
DUNNELLON, FL 34432 US

## Name and Address of New Registered Agent:

ROBERTS, WAYNE  
3475 W CYPRESS DR  
DUNNELLON, FL 34433 US

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.

SIGNATURE: WAYNE ROBERTS

01/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROBERTS, WAYNE  
Address: 3475 W CYPRESS  
City-St-Zip: DUNNELLON, FL 34433

Title: S/T ( ) Delete  
Name: ROBERTS, MICHELE  
Address: 3475 W CYPRESS  
City-St-Zip: DUNNELLON, FL 34433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ROBERTS, WAYNE  
Address: 3475 W CYPRESS DR  
City-St-Zip: DUNNELLON, FL 34433

Title: S/T (X) Change ( ) Addition  
Name: ROBERTS, MICHELE  
Address: 3475 W CYPRESS DR  
City-St-Zip: DUNNELLON, FL 34433

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE ROBERTS

P

01/23/2009

Electronic Signature of Signing Officer or Director

Date