

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90275 023 ***158.75

DOCUMENT # P94000068337

1. Entity Name
INDIANTOWN IN AND OUT STORAGE, INC.



Principal Place of Business
15501 SW HAMEL ST.
INDIANTOWN, FL 34956

Mailing Address
3446 SW ARMELLINI AVE
PALM CITY, FL 34990

00921010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3279556

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICHOLASON, JOHN J
1149 SW HOGAN ST
PT ST LUCIE, FL 34983

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 agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ARMELLINI, JULIO
STREET ADDRESS 541 SW FALCON ST
CITY- ST- ZIP PALM CITY, FL

TITLE PD ☒ Change ☐ Addition
NAME Armellini, Julio
STREET ADDRESS 1930 SW Crane Creek Ave
CITY- ST- ZIP Palm City, FL 34991

TITLE SD ☐ Delete
NAME POST, ROBERT M JR
STREET ADDRESS 61 SE HARBOR PT DR.
CITY- ST- ZIP STUART, FL 34996

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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

Date

Daytime Phone #

Jules Armellini 4/6/06 7722870575