2006 FOR PROFIT CORPORATION --- ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

FILED Apr 24, 2006 08:00 AM Secretary of State

407-8750000

* ANNUAL REPORT				Secretary of State			
DOCUMENT # P95000054579					Secr	etary of State	
1. Entity Name RECREATION VEHICLES STORAGE, INC.							
RECREA	non vehicles storage,	INC.					
Principal Place	of Business	Mailing Address		}			
1101 W KENI		1101 W KENNEDY BLVD		}			
ORLANDO, FI	_ 32810 US	ORLANDO, FL 32810 US		_			
				{	(818) SIN BANK BANK SA	((C 8818) 81111 81381 81111 (BB18 181188) 11 1881	
				03202006	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE			CE		<u>_</u>	Applied For	_
			_	4. FEI Numbe 59-3324		Not Applicable	ie
				5. Certificate	of Status Desired	\$8.75 Additional	
	6. Name and Address of Current Re	distand Adent		<u> </u>		Fee Required	—
	O. Hallis and Addison of Dental Co.	gloret a vigant					
BERGENSKE, GARY J. 1101 W KENNEDY BLVD			{	DO	NOT W	RITE	
ORLANDO, FL 32810			(INI T	HIS SE	DACE	
			ļ	\$ F.M. \$	THO OF	MUL	
	named entity submits this statement for the ions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bot	h, in the State of Fl	orida. I am (amiliar with, and accep	n
u es congar	one of regions of agos.						
SIGNATURE_	Signature, typed or printed name of registered agent and	me it applicable (NOTE Registers	d Agent signature require	d when reinstating)		DATE	
		6 Floring Compains Find	noing &E	00			
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign F Trust Fund Contribut				.00 May Be led to Fees			
10.	OFFICERS AND DI	RECTORS	Į				
THTLE NAME	PVST BERGENSKE, GARY J	-	1				
Street Address	1101 W KENNEDY BLVD		1		<u>U00</u>	1000527996	
CATY-ST-ZIP	ORLANDO, FL		-}		85/85/	06-80018-016 150.	0
TITLE NAME	D KIBLER, CARRIE M		1				
STREET ADDRESS	1101 W KENNEDY BLVD.		1				
CITY-ST-ZIP	ORLANDO, FL 32810		4				
TITLE NUME	D TABER, LISA		i				
SIREET AUDRESS	1101 W KENNEDY BLVD.		l	DΟ	NOT W	/DITE	
CITY-S1-ZIP	ORLANDO, FL 32810			DO NOT WRITE			
TITLE			}	IN .	THIS SI	PACE	
NAME STREET ADDRESS	}		j				
CATY - ST - ZIP			1				
ME			1				
MAME STREET ADDRESS	}		1				
CRTY-ST-ZIP	}		l				
TITLE			1				
NAME EIREET ADDRESS			1				

12. Thereby certify that the information supplied with this filling 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.

AND TYPED OR PRINTED HAME OF SIGNING OFFICER ON DIRECTOR