

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

**DOCUMENT # P96000075986**

1. Entity Name  
**STOR-AMERICA, INC.**



Principal Place of Business  
**510 DOUGLAS AVENUE  
#1001  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**400 SADDLEWORTH PLACE  
HEATHROW, FL 32746**

FILED  
07 MAY 23 PM 12:56  
TALLAHASSEE, FLORIDA



01232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3422603**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

**MEADOWS, LINDA  
400 SADDLEWORTH PL  
HEATHROW, FL 32746**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MEADOWS, LINDA C
STREET ADDRESS	400 SADDLEWORTH PLACE
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	D
NAME	MEADOWS, DAVID
STREET ADDRESS	400 SADDLEWORTH PLACE
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	ST
NAME	LOCKE, JESSICA
STREET ADDRESS	11209 MCCAW COURT
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**900103907079  
06/05/07--01015--012 \*\*\$00.00**

**DO NOT WRITE  
IN THIS SPACE**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #