

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90014 033 \*\*\*150.00

DOCUMENT # P97000012099

1. Entity Name

A.O.K. STORAGE, INC.



Principal Place of Business

Mailing Address

202 12TH STREET WEST  
BRADENTON FL 34205

202 12TH STREET WEST  
BRADENTON FL 34205

50011950



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

101 RIVERFRONT BLVD

101 RIVERFRONT BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#700

#700

City & State

BRADENTON, FL

City & State

BRADENTON, FL

Zip

34205

Country

USA

Zip

34205

Country

USA

4. FEI Number

65-0795396

Applied For

Not Applicable

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

COPELAND, CARTER  
202-12TH ST.-W  
BRADENTON FL 34205

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

*Copeland C. Carter* COPELAND C. CARTER  
2/1/05

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 D ☐ Delete  
NAME CARTER, COPELAND C  
STREET ADDRESS 202 12TH STREET WEST  
CITY-ST-ZIP BRADENTON FL 34205

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

TITLE S ☐ Delete  
NAME CARTER, KRISTIN A  
STREET ADDRESS 202 12TH ST N  
CITY-ST-ZIP BRADENTON FL 34205

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 exemption stated in Section 119.07(3)(i), 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: X

*Copeland C. Carter* COPELAND C. CARTER 2/1/05 941-747-6666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #