


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000070280

1. Entity Name
STORM FINANCIAL CORPORATION



Principal Place of Business 11015 N DALE MABRY HWY SUITE A TAMPA, FL 33618	Mailing Address 11015 N DALE MABRY HWY SUITE A TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE



03012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3464297	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VALONE, ANTHONY F
11015 N DALE MABRY HWY
STE A
TAMPA, FL 33618**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VALONE, MICHAEL A
STREET ADDRESS	11015 N DALE MABRY HWY, STE A
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000296777
04/11/05-80001-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **45-05** **813.387-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #