


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90010 027 \*\*\*150.00

**DOCUMENT # P98000070265**

1. Entity Name  
**STOR-MOR WAREHOUSING, INC.**



Principal Place of Business  
**3724 SE MALIBU LANE**  
**STUART, FL 33494**

Mailing Address  
**3724 SE MALIBU LANE**  
**STUART, FL 34997**

**24084174**



2. Principal Place of Business  
**42 Pompano Dr**  
 Suite, Apt. #, etc.

3. Mailing Address  
**42 Pompano Dr**  
 Suite, Apt. #, etc.

08042004 Chg-P CR2E034 (10/03)

City & State  
**Bonice Inlet**

City & State  
**Bonice Inlet**

Zip  
**32127** Country

Zip  
**32127** Country

4. FEI Number  
**23-2051038**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BAUERLE, J MARC**  
**3724 SE MALIBU LANE**  
**STUART, FL 33494**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ 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**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BAUERLE, J MARC</b>	
STREET ADDRESS	<b>3724 SE MALIBU LANE</b>	
CITY-ST-ZIP	<b>STUART, FL 33494</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>HATTER, LARRY L</b>	
STREET ADDRESS	<b>3724 SE MALIBU LANE</b>	
CITY-ST-ZIP	<b>STUART, FL 33494</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>P.O. Box 202</b>	
CITY-ST-ZIP	<b>MECHANICSBURG PA 17055</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>P.O. Box 202</b>	
CITY-ST-ZIP	<b>MECHANICSBURG PA 17055</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_ **Accountant 8-4-04** **717 732 2331**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #