


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	BAUERLE, J MARC	
STREET ADDRESS	3724 SE MALIBU LANE	
CITY-ST-ZIP	STUART, FL 33494	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATTER, LARRY L	
STREET ADDRESS	3724 SE MALIBU LANE	
CITY-ST-ZIP	STUART, FL 33494	
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	P.O. Box 202	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 202	
CITY-ST-ZIP	MECHANICSBURG PA 17055	
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 #