## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 21, 2005 8:00 am Secretary of State

DOCUMENT # P98000070265  1. Entity Name STOR-MOR WAREHOUSING, INC.				03-21-2005 90071 044 ***150.00			
Principal Place of Business Mailing Address			L				
42 POMPANO DR 42 POMPANO DR				Control for the time			
PORT ORANGE, FL 32127 PORT ORANGE, FL 3212							
					FOL ISHIC DOWN DOWN CONT	Legal lega esab ileje ejiči e	171 <b>0 0</b> 1 11 2 <b>0 0</b> 1
2. Principal Place of Business 3. Mailing Address							
					; 31 JEIN EBIN SEN OELN	I ROIII 1803) AGIIO KAIR BIIDI D	##  U  ##
Suite, Apt. #, etc. Suite, Apt. #, etc.				03112005	Chg-P	CR2E034 (10/03)	
City & State City & State				4. FEI Number		1 14	oplied For
City & State	City & State		23-20510	038	ļ <del>~~   ~</del>	ot Applicable	
Zip Country	Zip	Zip Country		5 Certificate of Status Desired \$8.75 Additional			
	-	-			<u> </u>	Fee Require	od
6. Name and Address of Current Registered Agent Name				7. Name and A	ddress of New Re	egistered Agent	
BAUERLE, J MARC							
42 POMPANO DRIVE			Street Address (P.O. Box Number is Not Acceptable)				
PORT ORANGE, FL 32127						124	1.1
			City			Zip Coo	10
:4						<u> </u>	
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.							
the obligations of registered agent. The color is the agent to the color of the col							
SIGNATURE 1 MARIC BANKI (BANKI) (NOTE: Registered Agent signature required when reinstaling)  DATE  ATE  OFFE SIGNATURE 1  DATE  DATE							
THE COLUMN THE STATE OF THE STA							
FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution:  Added to Fees							
After May 1, 2005 Fee will be \$550.	OOTrust Fund Cont	ribution:	' [=]'Add	ed to Fees			
10. OFFICERS AND	DIRECTORS	11.		ADDITIONS/CH	HANGES TO OFF	CERS AND DIRECTOR	S IN 11
mie, . T D "	☐ Delete	TITL				☐ Change	- 🔲 Addition
NAME BAUERLE, J MARC  STREET ADDRESS P. O. ROX. 7.1.1		NAM		# 1 MAN L	• *		
STREET ADDRESS   P O BOX 711 CITY-SI-ZIP   MECHANICSBURG PA 17055			ET ADDRESS -ST-ZIP			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
HECHANICSBURG FA 1	Delete	TITLE			· · · · · ·	Change	Addition
NAME HATTER, LARRY L	C Delete	NAM					
STREET ADDRESS P.O. BOX 202			ET ADDRESS				
CITY-SI-ZIP MECHANICSBURG, PA 17055		CITY	-ST-ZIP				
TITLE	Delete	. TITU			•	Change	Addition
NAME STREET ADDRESS		NAM STRE	ET ADORESS				
CITY-ST-ZIP			-SI-ZIP				
THILE	☐ Delete	TITU	E			☐ Change	☐ Addition
NAME	-	NAM	E				
•			ET ADDRESS				•
		-	-S1-ZIP	12.4	- 1 - 2 - C - 1	Chance	□ Addition
NAME	☐ Delete	TITLI		• • •		☐ Change	☐ Addition
			ET ADDRESS	COURTON D	<u> ೬ ಬರ್</u> ಷ	<u> </u>	<u> </u>
CITY_ST_ZIP BY IN A 15 THE DO A SEE MUST DIST THEFT	gail no e	CITY	-ST-ZIP		•	-	1 1
THE PART HOWN FEETS \$150,00	ى چ⊡. Delete		Ε . μ1 '' <b>έ</b> ν	10 Way, Be		☐ Change	☐ Addition
NAME CIRCULARDINGS	شت الشاعدة الماليدياً وتعليد	NAM					
1			ET ADDRESS	material (1931)		54th	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information							
findicated on this report or supplemental report is of the corporation or the receiver or trustee emp	s true and accurate and that r	ny signa	ture shall have the	same legal effect a	as if made under d	ath; that I am an office	r or director