

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90040 038 \*\*\*150.00

**DOCUMENT # P98000070265**

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



Principal Place of Business  
**42 POMPANO DR  
 PONCE INLET, FL 32127**

Mailing Address  
**42 POMPANO DR  
 PONCE INLET, FL 32127**

2. Principal Place of Business - No P.O. Box #  
**4328 S PENINSULA DR**

3. Mailing Address  
**4328 S PENINSULA DR**

Suite, Apt. #, etc.



02092007 Chg-P CR2E034 (12/06)

City & State  
**Ponce Inlet Florida**

City & State  
**Ponce Inlet Florida**

Zip **32127** Country **USA** Zip **32127** Country **USA**

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  
 42 POMPANO DR  
 PONCE INLET, FL 32127**

7. Name and Address of New Registered Agent

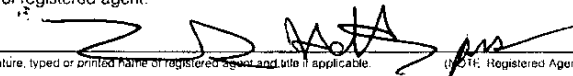
Name

Street Address (P.O. Box Number is Not Acceptable)  
**4328 S. PENINSULA DRIVE**

**Ponce Inlet**

City **FL** Zip Code **32127**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BAUERLE, J MARC</b>	
STREET ADDRESS	<b>P O BOX 711</b>	
CITY-ST-ZIP	<b>MECHANICSBURG, PA 17055</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HATTER, LARRY L</b>	
STREET ADDRESS	<b>P.O. BOX 202</b>	
CITY-ST-ZIP	<b>MECHANICSBURG, PA 17055</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 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		
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 exemptions contained in Chapter 119, 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:  DATE **2/27/07** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR