


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000070265**  
1. Entity Name  
**STOR-MOR WAREHOUSING, INC.**



Principal Place of Business  
**4328 S PENNINSULA DR  
PONCE INLET, FL 32127**

Mailing Address  
**4328 S PENNINSULA DR  
PONCE INLET, FL 32127**

**DO NOT WRITE IN THIS SPACE**



04062008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**23-2051038**

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

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

**BAUERLE, J MARC  
4328 S PENINSULA DRIVE  
PONCE INLET, FL 32127**

**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, 2008 Fee will be \$550.00**

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

05/01/08-80018-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	<b>BAUERLE, J MARC</b>
NAME	<b>P O BOX 711</b>
STREET ADDRESS	<b>MECHANICSBURG, PA 17055</b>
CITY-ST-ZIP	
TITLE <b>D</b>	<b>HATTER, LARRY L</b>
NAME	<b>P.O. BOX 202</b>
STREET ADDRESS	<b>MECHANICSBURG, PA 17055</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 empowers.

**SIGNATURE:** \_\_\_\_\_ **4/12/08 717-761-6300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #