2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 09, 2007 8:00 am Secretary of State **DOCUMENT # P98000073718** 1. Entity Name 07-09-2007 90049 010 ***150 00 STORAGE MASTERS, INC. Principal Place of Business Mailing Address 31735 MT. PLYMOUTH LOOP 31735 MT. PLYMOUTH LOOP SORRENTO, FL 32776 US SORRENTO, FL 32776 3. Mailing Address 7648 Lake OLa DR. 2. Principal Place of Business - No P.O. Box # 31725 MT PLYMOUTH LOS Surte, Api. #, etc. Suite, Apt. #, etc. 06302007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For MOUNT DORA 59-3531475 Not Applicable Secrento Country Country \$8.75 Additional Zip 5. Certificate of Status Desired *9*27*57* 32776 LAKE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARVEY, ROBERT G 31735 MT. PLYMOUTH LOOP Street Address (P.O. Box Number is Not Acceptable) SORRENTO, FL 32776 City 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. Robert G SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HARVEY, ROBERT C DO 7648 LAKE OLA DRIVE TITLE Ð Delete TITLE ☐ Change HARVEY, ROBERT G NAME NAME 7426 LAKE OLA CIRCLE STREET ADDRESS STREET ADDRESS MOUNT DORA FL 32757 CITY-ST-7IP MT DORA, FL 32757 CITY-ST-ZIP HARVEY, THERESA m Change TITLE ☐ Delete TITLE HARVEY, THERESA M NAME NAME 7648 LUKE OLA DRIVE STREET ADDRESS 7426 LAKE OLA CIRCLE STREET ADDRESS MOUNT DORA FL 32757 MT DORA, FL 32757 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Robert Q Harvey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

ATTACHMENT 40123641 # P98000073718 Denueum of Corporation

1.0. Bay 1500 Tallaharsee Fl 32302-1500

Storage Masters 7648 Lake Ala Drine Mt Dora Fl 32757

Dear DOC,

believe that we did not receive
the original request for registration
due to past office delining.— There
seems to be confusion regarding
the parcel no. of the actual street
address.

dessalve form which prompted my registration. Please do not penalge us due the this delinery problem. I have changed the mailing address to my new home address. This should plemente future practicus.

ATTACHMENT

HO123641

P98 DCCO 73718

Thank your far your time.

If you need to reach me

please call anytime @

352-267-4711. Thanks—have
a great day.

Thereson Harney