2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# P99000016142

Entity Name: NEW CONCEPTS STORAGE, INC.

Current Principal Place of Business:

11155 TAMIANI TAX SO
NORTH PORT, FL 34287

New Principal Place of Business:

11155 TAMIAMI TRAIL SO.
NORTH PORT, FL 34287

Current Mailing Address:

P.O. BOX 7516
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 65-0897189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOMOLA, ROBERT S
308 STONE BRIAR CK DR
VENICE, FL 34292 US

Name and Address of New Registered Agent:

GOMOLA, ROBERT S
284 SANTA MARIA PLACE
VENICE, FL 34285 US

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.

SIGNATURE: ROBERT S. GOMOLA 01/10/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: PIPER, ROBERT G
Address: 533 CHEVAL DR.
City-St-Zip: VENICE, FL 34292

Title: PDT ( ) Delete
Name: GOMOLA, ROBERT S
Address: 308 STONE BRIAR CREEK DR.
City-St-Zip: VENICE, FL 34292

Title: DV ( ) Delete
Name: ELLICOTT, RONALD
Address: 4875 JACARANDA HGTS DR
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PDT (X) Change ( ) Addition
Name: GOMOLA, ROBERT S
Address: 284 SANTA MARIA PLACE
City-St-Zip: VENICE, FL 34285

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT S. GOMOLA PRES 01/10/2005
Electronic Signature of Signing Officer or Director Date