

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90408 034 ***158.75

DOCUMENT # P99000020789

1. Entity Name
STADIUM STORAGE INC.



Principal Place of Business
**3500 SW CORPORATE PKWY
PALM CITY, FL 34990**

Mailing Address
**3500 SW CORPORATE PKWY
PALM CITY, FL 34990**

50012641



2. Principal Place of Business

420 NW Peacock Blvd
Suite, Apt. #, etc.

3. Mailing Address

4102 Emerson Street
Suite, Apt. #, etc.

04122006 Chg-P CR2E034 (11/05)

City & State

St. Lucie West FL 3498

City & State

Wilmington NC

4. FEI Number

65-0902366

Applied For

Not Applicable

Zip

3498

Country

USA

Zip

28403

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SABIN, CHARLES H
3500 SW CORPORATE PKWY
PALM CITY, FL 34990**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SABIN, CHARLES H**
STREET ADDRESS **3500 SW CORPORATE PKWY**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **DP** ☐ Delete
NAME **MARTIN, JAMES**
STREET ADDRESS **110 S KERR AVENUE**
CITY-ST-ZIP **WILMINGTON, NC 28403**

TITLE **DV** ☐ Delete
NAME **EJUPS, ALDIS**
STREET ADDRESS **3500 SW CORPORATE PKWY**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **DST** ☐ Delete
NAME **SABIN, CHARLES H**
STREET ADDRESS **3500 SW CORPORATE PKWY**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4102 Emerson Street**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-06

Date

910-452-7578

Daytime Phone #