2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED
DOCUMENT # V35732 1. Entity Name STORAGE OF ENGLEWOOD, INC.					Feb 16, 2004 08:00 AM Secretary of State
STORAGE	E OF ENGLEWOOD, INC.		l		-
Principal Place of Business Mailing Address					. .
2341 ENGLE ENGLEWOO US		2341 ENGLEWOOD RD ENGLEWOOD FL 34224 US		• •	1 JODNI WILDON JIHAT AFRIK FARRER HEFER JUNI WINII WINII WINII BIRAT AFRIKATAT 11 ERRER
2. Principal P	lace of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			MOORE CR2E034 (11/03)
City & State		City & State			4. FEI Number 65-0334648 Applied For Not Applicable
Zip			Count	ıry	5. Certificate of Status Desired S8.75 Additional Fee Required
Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
MATHERLY, BRUCE R. 2341 ENGLEWOOD ROAD ENGLEWOOD FL 34223				Street Address (I	P.O. Box Number is Not Acceptable)
ENC	3LEWOOD FL 34223			City	ZID Code
9 The above	named antity submits this statement fo	the auroen of changing its	registere	City	
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 fille if applicable (NOTE, Registered Agent signature required when coinstating).					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PD MATHERLY, BRUCE R.	☐ Delete	TITLE	J	Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ ☐ Change ☐ Addition ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
STREET ADDRESS CITY-ST-ZIP	1400 CRESTWOOD RD ENGLEWOOD FL			ET ADDRESS ST-ZIP	U00000052815 02/16/04-80107-020 150.00
TITLE NAME	V MATHERLY, KEITH G	☐ Delete	TITLE	ĵ.	☐ Change ☐ Addition
1	320 ANCHOR ROW CAPE HAZE FL		STREE	ET ADDRESS -ST-ZIP	
TITLE NAME	ST PARTIES A BANKANOS K	☐ Delete	TITLE		☐ Change ☐ Addition
SIREET ADDRESS CITY-ST-ZIP	MATHERLY, BYMAKOS K 290 GREEN DOLPHIN DR CAPE HAZE FL		STREE	et aodress - St- Zip	
TITLE NAME	D MATHERLY, JEFFREY	☐ Delete	TITLE NAME	1	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 129 PLACIDA FL 33946		STREE	ET ADDRESS -ST-ZIP	
TITLE NAME		☐ Delete	TITLE	į.	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREE	ET ADDRESS - St - 2 1P	
TITLE NAME		☐ Delete	TITLE	1	☐ Change ☐ Addition
STREET ADDRESS CITY+ST-ZIP			STREE	et address -St-Zip	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 gitter like empowered.					
SIGNATURE: 2/13/04 SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR DIRECTOR Date Date Daylime Phone #					
	SIGNATURE AND TYPED OR I	PRINTERLINAME OF SIGNING OFFICER (OW DIRECT	UR	Date Daylime Phone #