

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR) -

DOCUMENT # V35732

1. Entity Name

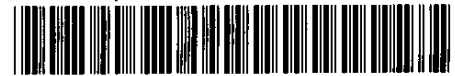
STORAGE OF ENGLEWOOD, INC.



**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
2341 ENGLEWOOD RD  
ENGLEWOOD FL 34224  
US

Mailing Address  
2341 ENGLEWOOD RD  
ENGLEWOOD FL 34224  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0334648

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATHERLY, BRUCE R.  
2341 ENGLEWOOD ROAD  
ENGLEWOOD FL 34223

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MATHERLY, BRUCE R.  
STREET ADDRESS 1400 CRESTWOOD RD  
CITY- ST- ZIP ENGLEWOOD FL

☐ Delete

TITLE V  
NAME MATHERLY, KEITH G  
STREET ADDRESS 320 ANCHOR ROW  
CITY- ST- ZIP CAPE HAZE FL

☐ Delete

TITLE ST  
NAME MATHERLY, BYMAKOS K  
STREET ADDRESS 290 GREEN DOLPHIN DR  
CITY- ST- ZIP CAPE HAZE FL

☐ Delete

TITLE D  
NAME MATHERLY, JEFFREY  
STREET ADDRESS P.O. BOX 129  
CITY- ST- ZIP PLACIDA FL 33946

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

U000000633840  
02/21/07-80078-010 150.00

TITLE  
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CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* 2/12/07