

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # V35732

1. Entity Name

STORAGE OF ENGLEWOOD, INC.



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

1st MOORE

CR2E034 (10/07)

Zip

Country

Zip

Country

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000822834
02/20/08 00014 015 150.00

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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: *Bruce R. Matherly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08

941-475-9485

Doc#

Document Form #