2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35732

FILED Mar 11, 2009 Secretary of State

Entity Name: STORAGE OF ENGLEWOOD, INC.

Current P	Principal Place	of Business:	New Principal Pl	ace of Business:
	SLEWOOD RD OOD, FL 3422	4 US		
Current N	/lailing Addres	ss:	New Mailing Add	Iress:
	BLEWOOD RD OOD, FL 3422	4 US		
El Number	r: 65-0334648	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agent:	Name and Addre	ss of New Registered Agent:
2341 ENG	LY, BRUCE R. GLEWOOD ROA OOD, FL 3422			
The above	e named entity s	submits this statement for the	purpose of changing its regis	tered office or registered agent, or both,
	e of Florida.			
n the Stat	RE:	nic Signature of Registered Aç	gent	Date
n the Stat SIGNATU	RE: Electror	nic Signature of Registered Aલ g Trust Fund Contribution ().	gent	 Date
n the Stat SIGNATU Election Ca	RE: Electror	g Trust Fund Contribution ().		Date NGES TO OFFICERS AND DIRECTOR
n the Stat SIGNATU Election Ca	RE: Electron mpaign Financing S AND DIREC	g Trust Fund Contribution (). TORS: Delete RUCE R., OOD RD		
n the Stat BIGNATU Election Ca DFFICER Fitle: Name: Address:	RE: Electron mpaign Financing S AND DIREC PD () MATHERLY, BF 1400 CRESTW ENGLEWOOD,	Trust Fund Contribution (). TORS: Delete RUCE R., OOD RD FL Delete EITH G ROW	ADDITIONS/CHA Title: Name: Address:	INGES TO OFFICERS AND DIRECTOR
n the Stat BIGNATU Election Ca DFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	RE: Electron mpaign Financing S AND DIREC PD () MATHERLY, BF 1400 CRESTW ENGLEWOOD, V () MATHERLY, KE 320 ANCHOR F CAPE HAZE, FI	TORS: Delete RUCE R., OOD RD FL Delete EITH G ROW L Delete MAKOS K DLPHIN DR	ADDITIONS/CHA Title: Name: Address: City-St-Zip: Title: Name: Address:	NGES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BRUCE MATHERLY PD 03/11/2009