

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K10408

**FILED  
Mar 28, 2014  
Secretary of State  
CC7567643103**

**Entity Name:** STORAGE POWER, INC.

**Current Principal Place of Business:**

6950 PHILLIPS HWY  
STE 15  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6950 PHILLIPS HWY  
STE 15  
JACKSONVILLE, FL 32216

**FEI Number:** 59-2866447

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAX CO.  
50 N LAURA ST.  
STE. 3300  
JACKSONVILLE, FL 32202 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MORALES, RICARDO JR  
Address 6950 PHILIPS HWY, STE 15  
City-State-Zip: JACKSONVILLE FL 32216

Title SD  
Name ARMSTRONG, COLIN W L  
Address 116 LAUREL CT  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP  
Name KING, THOMAS FIII  
Address 6950 PHILIPS HWY, STE 15  
City-State-Zip: JACKSONVILLE FL 32216

*I hereby 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 all other like empowered.*

**SIGNATURE:** RICARDO MORALES, JR

PD

03/28/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date