


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S10196**  
 1. Entity Name  
**CENTRAL PARKWAY STORAGE, INC.**



Principal Place of Business      Mailing Address  
**310 W CENTRAL PKEY #7000 ALTAMONTE SPRINGS, FL 32714 US**      **310 W CENTRAL PKWY #7000 ALTAMONTE SPRINGS, FL 32714 US**



04222005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3033956**      Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MIKKELSON, WM MICHAEL**  
**310 W. CENTRAL PKWY**  
**ALTAMONTE SPRINGS, FL 32714**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

U000000344965  
 04/30/05-80017-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MIKKELSON, W. MICHAEL
STREET ADDRESS	310 W. CENTRAL PKWY., STE. 7000
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 other like empowered.

SIGNATURE: Wm. Michael Mickelson      4-25-05      407-774-8818  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

WM. MICHAEL MIKKELSON