

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K45742

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: PALMA CEIA AIR-CONDITIONED SELF-STORAGE, INC.

## Current Principal Place of Business:

3225 SOUTH MACDILL AVENUE  
SUITE #135  
TAMPA, FL 33629

## New Principal Place of Business:

## Current Mailing Address:

3225 SOUTH MACDILL AVENUE  
SUITE 135  
TAMPA, FL 33629 US

## New Mailing Address:

FEI Number: 59-2980343      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MYERS, CLIFFORD  
3225 SOUTH MACDILL AVENUE  
SUITE 135  
TAMPA, FL 33629 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MYERS, CLIFF  
Address: 3225 SOUTH MACDILL AVENUE  
City-St-Zip: TAMPA, FL 32629

Title: VP ( ) Delete  
Name: BURNETT, SHANNON  
Address: 3225 S MACDILL AVE  
City-St-Zip: TAMPA, FL 32629

Title: D (X) Delete  
Name: REIBER, SAM  
Address: 3821 HENDERSON BLVD.  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHANNON M. BURNETT

VP

04/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date