


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # K80858
1. Entity Name
MBR STORAGE INCORPORATED



Principal Place of Business: 5051 41ST STREET, VERO BEACH, FL 32961
Mailing Address: P.O. BOX 1089, VERO BEACH, FL 32961

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number: 65-0175386
Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GEARY, ROBERT J. JR.
6655 53RD STREET
VERO BEACH, FL 32967

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, 2006 Fee will be \$550.00**

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

00000382616
01/12/06-80016-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEARY, ROBERT J. JR. 6655 53RD STREET VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GEARY, EDWARD J. 9110 MASSEY ROAD WABASSO, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [Signature] Date: 1/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #