

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90079 028 \*\*\*150.00

<b>DOCUMENT # P00000033371</b> 1. Entity Name <b>RFR STORAGE PARTNERS, INC.</b>					
Principal Place of Business <b>4815 E. BUSCH BLVD. STE 205 TAMPA FL 33617</b>			Mailing Address <b>4815 E. BUSCH BLVD. STE 205 TAMPA FL 33617</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>8402 Laurel Fair Cir Ste 205</b>			
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>		4. FEI Number <b>59-3638383</b>	
Zip <b>33610</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FERREIRA, RANDY 4815 E. BUSCH BLVD. STE 205 TAMPA FL 33617</b>				7. Name and Address of New Registered Agent Name <b>Randy Ferreira</b> Street Address (P.O. Box Number is Not Acceptable) <b>8402 Laurel Fair Cir</b> <b>Ste 205</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33610</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 35%;">         9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERREIRA, RANDY X 4815 E. BUSCH BLVD. TAMPA FL 33617	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAIRIGH, RAYMOND 4815 E. BUSCH BLVD. TAMPA FL 33617	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEMAN, RONALD 4815 E. BUSCH BLVD. TAMPA FL 33617	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
SIGNATURE:			Date _____ Daytime Phone # _____		