

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90315 048 ***158.75

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1. Entity Name
RFR STORAGE PARTNERS, INC.



Principal Place of Business
4815 E. BUSCH BLVD.
STE 205
TAMPA, FL 33617

Mailing Address
8402 LAUREL FAIR CIR
STE 205
TAMPA, FL 33610

00025127

2. Principal Place of Business

9260 Bay Plaza Blvd
Suite, Apt. #, etc.
501

3. Mailing Address

9260 Bay Plaza Blvd
Suite, Apt. #, etc.
501

City & State

Tampa FL

City & State

Tampa FL

Zip

33619

Country

Zip

33619

Country

03312006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3638383

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERREIRA, RANDY
8402 LAUREL FAIR CIR
STE 205
TAMPA, FL 33610

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9260 Bay Plaza Blvd
St 501

City

Tampa

FL

Zip Code

33619

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

Signature, typed or printed name of registered agent and title if applicable.

(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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FERREIRA, RANDY X ☐ Delete
STREET ADDRESS 4815 E. BUSCH BLVD.
CITY-ST-ZIP TAMPA, FL 33617

TITLE D
NAME RAIRIGH, RAYMOND ☐ Delete
STREET ADDRESS 4815 E. BUSCH BLVD.
CITY-ST-ZIP TAMPA, FL 33617

TITLE D
NAME ROSEMAN, RONALD ☐ Delete
STREET ADDRESS 4815 E. BUSCH BLVD.
CITY-ST-ZIP TAMPA, FL 33617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9260 Bay Plaza Blvd #501
CITY-ST-ZIP TAMPA FL 33619

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9260 Bay Plaza Blvd #501
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 9260 Bay Plaza Blvd 501
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #