

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90258 029 \*\*\*150.00

**DOCUMENT # P01000024049**

1. Entity Name  
**FLORIDA FILE STORAGE, INC.**



Principal Place of Business  
**2402 CLARK ST  
SUITE B  
APOPKA, FL 32703**

Mailing Address  
**613 GOLDEN DAWN LANE  
APOPKA, FL 32712**

**30041300**

2. Principal Place of Business  
**1905 BREngle AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**4006 BERMUDA GROVE PLACE**  
Suite, Apt. #, etc.



04162005 Chg-P CR2E034 (10/03)

City & State  
**ORLANDO, FL**

City & State  
**LONGWOOD, FL**

4. FEI Number  
**59-3716427**

Applied For  
Not Applicable

Zip  
**32808**

Country  
**USA**

Zip  
**32779**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**BOOTH, DENNIS M  
613 GOLDEN DAWN LANE  
APOPKA, FL 32712**

7. Name and Address of New Registered Agent

Name **DENNIS BOOTH**

Street Address (P.O. Box Number is Not Acceptable)  
**4006 BERMUDA GROVE PLACE**

City **LONGWOOD**

FL Zip Code **32779**

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

**DENNIS BOOTH**

**4-18-05**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **BOOTH, DENNIS M**  
STREET ADDRESS **613 GOLDEN DAWN LANE**  
CITY-ST-ZIP **APOPKA, FL 32712**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **4006 BERMUDA GROVE PLACE**  
CITY-ST-ZIP **LONGWOOD, FL 32779**

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

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 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:

**DENNIS BOOTH**

**4-18-05**

**407-298-2686**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #