

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000115148

1. Entity Name  
CHRIS'S STORAGE, INC.



Principal Place of Business  
3500 64 AVE N  
PINELLAS PARK, FL 33781

Mailing Address  
1100 44 AVE NE  
SAINT PETERSBURG, FL 33703



02262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3757308

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RIZZO, CHRIS  
1100 44TH AVE. N.E.  
ST. PETERSBURG, FL 33703

**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

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          | P                          |
| NAME           | RIZZO, CHRISTOPHER A       |
| STREET ADDRESS | 1100 44 AVE NE             |
| CITY-ST-ZIP    | SAINT PETERSBURG, FL 33703 |
| TITLE          | V                          |
| NAME           | RIZZO, TAMMY               |
| STREET ADDRESS | 1100 44 AVE NE             |
| CITY-ST-ZIP    | SAINT PETERSBURG, FL 33703 |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |

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03/21/05-80086-013 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER A RIZZO

3/15/05

(727) 527-7510

Date

Daytime Phone (if)