

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000031688

1. Entity Name
CHARLIE BROWN CLIMATIC CONTROL MINI STORAGE,
INC.



**FILED
Jan 17, 2006 8:00 am
Secretary of State**

01-17-2006 90272 014 ***150.00

Principal Place of Business
545 W. STATE HWY. 190
VALPARAISO, FL 32580

Mailing Address
545 W. STATE HWY. 190
VALPARAISO, FL 32580

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number
82-0538361

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, BILLY B JR.
155 CENTER ST.
FREEPORT, FL 32439

7. Name and Address of New Registered Agent

Name *Reid, Charles W*
Street Address (P.O. Box Number is Not Acceptable)
101 S. John Sims PKwy.

City *Valparaiso* FL Zip Code *33580*

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 *Charles W. Reid* (charles W. Reid-owner) /-10-06

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

(NOTE: Registered Agent signature required when restating)

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 REID, CHARLES W
STREET ADDRESS 101 S. JOHN SIMS PKWY.
CITY-ST-ZIP VALPARAISO, FL 32580

Delete

TITLE STD
NAME BROWN, BILLY B JR.
STREET ADDRESS 155 CENTER ST.
CITY-ST-ZIP FREEPORT, FL 32439

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Charles W. Reid*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-06 (850) 678-8885

Date

Daytime Phone #