

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000124068

1. Entity Name
SPRING HILL STORAGE, INC.



Principal Place of Business

4815 EAST BUSCH BLVD. SUITE 205
TAMPA, FL 33617-6094

Mailing Address

4815 EAST BUSCH BLVD. SUITE 205
TAMPA, FL 33617-6094

FILED
Aug 04, 2004 08:00 AM
Secretary of State



07092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1640390

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

TOOLE, DANA G
2057 DELTA WAY
TALAHASSEE, FL 32303-4227

**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 \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000169329
08/04/04-80003-003 550.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FERREIRA, RANDY X
STREET ADDRESS 4815 EAST BUSCH BLVD. SUITE 205
CITY-ST-ZIP TAMPA, FL 336176094

TITLE VD
NAME RAIRIGH, RAYMOND
STREET ADDRESS 4815 EAST BUSCH BLVD. SUITE 205
CITY-ST-ZIP TAMPA, FL 336176094

TITLE SD
NAME ROSEMAN, RONALD
STREET ADDRESS 4815 EAST BUSCH BLVD. SUITE 205
CITY-ST-ZIP TAMPA, FL 336176094

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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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)(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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/02/04 813 868-0721

Date

Daytime Phone #