

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90089 039 \*\*\*158.75

**DOCUMENT # P03000011140**

1. Entity Name

**SURFSIDE STORAGE, INC.**



Principal Place of Business

**301 ARAIA CIR  
PANAMA CITY BCH FL 32408**

Mailing Address

**301 ARAIA CIR  
PANAMA CITY BCH FL 32408**

2. Principal Place of Business

**323 Alf Coleman Road**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

**Panama City Beach, FL**

City & State

4. FEI Number

**55-0823154**

Applied For

Not Applicable

Zip

**32407**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

**XX**

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SLOAN, TIMOTHY J  
427 MCKENZIE AVE  
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name

**Frank L. Fraioli**

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

**301 Aralia Circle**

City

**Panama City Beach**

**FL**

Zip Code  
**32408**

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

**FRANK L. FRAIOLI P/D**

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

(NOTE: Registered Agent signature required when reinstating)

**1/22/04**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FRAIOLI, FRANK L	
STREET ADDRESS	301 ARAIA CIR	
CITY-ST-ZIP	PANAMA CITY BCH FL 32408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fraioli, Frank L	
STREET ADDRESS	301 Aralia Circle	
CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fraioli, Beverly H	
STREET ADDRESS	301 Aralia Circle	
CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mitchell, Griffin L Jr	
STREET ADDRESS	1103 Tech Drive	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Berry, Wallace C	
STREET ADDRESS	3055 West 30th Court	
CITY-ST-ZIP	Panama City, FL 32405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Frank L. Fraioli**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/22/04**

Date

**(850) 624-2505**

Daytime Phone #