

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000011140

1. Entity Name
SURFSIDE STORAGE, INC.



Principal Place of Business
**323 ALF COLEMAN ROAD
PANAMA CITY BEACH, FL 32407**

Mailing Address
**301 ARAIA CIR
PANAMA CITY BCH, FL 32408**



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0823154

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FRAIOLI, FRANK L
301 ARAIA CIRCLE
PANAMA CITY, FL 32408**

**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 PD
NAME FRAIOLI, FRANK L
STREET ADDRESS 301 ARAIA CIR
CITY-ST-ZIP PANAMA CITY BCH, FL 32408

TITLE STD
NAME FRAIOLI, BEVERLY H
STREET ADDRESS 301 ARAIA CIR
CITY-ST-ZIP PANAMA CITY BCH, FL 32408

TITLE VD
NAME MITCHELL, GRIFFIN L JR
STREET ADDRESS 1103 TECH DRIVE
CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE VD
NAME BERRY, WALLACE C
STREET ADDRESS 3055 WEST 30TH COURT
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000172730
01/06/05-80009-016 150.00

**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)(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 **FRANK L. FRAIOLI**

1-4-05

850-233-5505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #