

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90036 016 ***150.00

DOCUMENT # P04000024447

1. Entity Name

EASY STOR AT CLEVELAND HIEGHTS, INC.



Principal Place of Business

4815 E BUSCH BLVD STE 205
TAMPA FL 33617-6094

Mailing Address

4815 E BUSCH BLVD STE 205
TAMPA FL 33617-6094

2. Principal Place of Business

8402 Laurel Fair Cir
Suite 205

3. Mailing Address

8402 Laurel Fair Cir
Ste 205

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33610

Country

USA

Zip

33610

Country

USA

4. FEI Number

14-1902946

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
TALLAHASSEE FL 32303-4227

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 PD ☐ Delete
NAME FERREIRA, RANDY X
STREET ADDRESS 4815 E BUSCH BLVD STE 205
CITY-ST-ZIP TAMPA FL 33617-6094

TITLE VD ☐ Delete
NAME RAIRIGH, RAYMOND
STREET ADDRESS 4815 E BUSCH BLVD STE 205
CITY-ST-ZIP TAMPA FL 33617-6094

TITLE SD ☐ Delete
NAME ROSEMAN, RONALD
STREET ADDRESS 4815 E BUSCH BLVD STE 205
CITY-ST-ZIP TAMPA FL 33617-6094

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 8402 Laurel Fair Cir #205
CITY-ST-ZIP Tampa FL 33610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 8402 Laurel Fair Cir #205
CITY-ST-ZIP Tampa FL 33610

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 either like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #