

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90315 046 ***158.75

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1. Entity Name
EASY STOR AT CLEVELAND HIEGHTS, INC.



Principal Place of Business
8402 LAUREL FAIR CIR STE 205
TAMPA, FL 33610

Mailing Address
8402 LAUREL FAIR CIR STE 205
TAMPA, FL 33610

60025129



2. Principal Place of Business
9260 Bay Plaza Blvd
Suite, Apt. #, etc. 501

3. Mailing Address
9260 Bay Plaza Blvd
Suite, Apt. #, etc. 501

03312006 Chg-P CR2E034 (11/05)

City & State
Tampa FL
Zip 33619 Country

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Tampa FL
Zip 33619 Country

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)
2065 Thomastille Rd
1st Floor Ste 101-102
City Tallahassee FL Zip Code 32308

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	FERREIRA, RANDY X	8402 LAUREL FAIR CIR #205	TAMPA, FL 33610	<input type="checkbox"/>
VD	RAIRIGH, RAYMOND	8402 LAUREL FAIR CIR #205	TAMPA, FL 33610	<input type="checkbox"/>
SD	ROSEMAN, RONALD	8402 LAUREL FAIR CIR #205	TAMPA, FL 33610	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		9260 Bay Plaza Blvd #501	Tampa FL 33619	<input checked="" type="checkbox"/>
		9260 Bay Plaza Blvd #501	Tampa FL 33619	<input checked="" type="checkbox"/>
		9260 Bay Plaza Blvd #501	Tampa FL 33619	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #