

# ANNUAL REPORT (AR)

DOCUMENT # P04000026530

1. Entity Name

CENTRAL FLORIDA STORAGE BUILDINGS, INC.



**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
124 ROYALTY CIRCLE  
SANFORD FL 32771

Mailing Address  
POST OFFICE BOX 95-2289  
LAKE MARY FL 32795-2289



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-3785112

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VEGA, JEFFREY N  
124 ROYALTY CIRCLE  
SANFORD FL 32771

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PRES  
VEGA, JEFFREY N  
124 ROYALTY CIRCLE  
SANFORD FL 32771 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition  
000000629258  
02/16/07-80051-0015 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2/6/07

Date

Daytime Phone #