

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90094 036 \*\*\*158.75

<b>DOCUMENT # P04000163288</b> 1. Entity Name <b>PARK PLACE STORAGE, INC.</b>					
Principal Place of Business <b>6068 GULFPORT BOULEVARD SUITE 404 PASADENA, FL 33707 US</b>				Mailing Address <b>6068 GULFPORT BOULEVARD SUITE 404 PASADENA, FL 33707 US</b>	
2. Principal Place of Business <b>6860 GULFPORT BLVD</b> Suite, Apt. #, etc. <b>SUITE 404</b> City & State <b>PASADENA, FL</b> Zip <b>33707</b> Country <b>USA</b>		3. Mailing Address <b>6860 GULFPORT BLVD</b> Suite, Apt. #, etc. <b>SUITE 404</b> City & State <b>PASADENA, FL</b> Zip <b>33707</b> Country <b>USA</b>			
4. FEI Number <b>20-2474701</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				05022005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>SMITH, WALTER E 757 ARLINGTON AVENUE NORTH SAINT PETERSBURG, FL 33701</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COSGROVE, PATRICK J</b> <b>6068 GULFPORT BOULEVARD, SUITE 404</b> <b>PASADENA, FL 33707</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6860 GULFPORT BLVD, SUITE 404</b> <b>PASADENA, FL 33707</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTS</b> <b>JORGENSEN, PAUL A</b> <b>6068 GULFPORT BOULEVARD, SUITE 404</b> <b>PASADENA, FL 33707</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jorgensen, Paul</b> <b>6860 GULFPORT BLVD, SUITE 404</b> <b>PASADENA, FL 33707</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		<b>4/30/05</b> (727) 498-9032			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			