

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90027 022 ***150.00

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1. Entity Name
EXTRA CLOSET STORAGE, INC.



Principal Place of Business
1225 NW AVENUE L
BELLE GLADE, FL 33430

Mailing Address
1225 NW AVENUE L
BELLE GLADE, FL 33430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05222006

Chg-P

CR2E034 (11/05)

4. FEI Number

202917134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIPP, JIMMY L
657 TABIT RD
BELLE GLADE, FL 33430

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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
D
TRIPP, JIMMY L
STREET ADDRESS
657 TABIT RD
CITY- ST- ZIP
BELLE GLADE, FL 33430 ☐ Delete

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
D
TRIPP, ASHLEY T
STREET ADDRESS
657 TABIT RD
CITY- ST- ZIP
BELLE GLADE, FL 33430 ☐ Delete

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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

6/19/06
Date

Daytime Phone #