

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000026849

Entity Name: PALMA CEIA STORAGE, INC.

FILED
Aug 04, 2005
Secretary of State

Current Principal Place of Business:

520 S. MACDILL AVENUE
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

3825 HENDERSON BLVD
SUITE 208
TAMPA, FL 33629

New Mailing Address:

3225 S MACDILL AVE
SUITE 135
TAMPA, FL 33629

FEI Number: 59-3316958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REIBER, SAM I
3821 HENDERSON BLVD
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REIBER, SAM I
Address: 3821 HENDERSON BLVD
City-St-Zip: TAMPA, FL 33629

Title: P () Delete
Name: MYERS, CLIFF G
Address: 520 SOUTH MACDILL AVENUE
City-St-Zip: TAMPA, FL 33609

Title: VP () Delete
Name: MYERS-HENDERSON, SHANNON
Address: 520 SOUTH MACDILL AVENUE
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MYERS, SHANNON
Address: 520 SOUTH MACDILL AVENUE
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON M MYERS

VP

08/04/2005

Electronic Signature of Signing Officer or Director

Date