

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000026849

Entity Name: PALMA CEIA STORAGE, INC.

FILED  
Jan 08, 2008  
Secretary of State

## Current Principal Place of Business:

520 S. MACDILL AVENUE  
TAMPA, FL 33609 US

## New Principal Place of Business:

## Current Mailing Address:

3225 S MACDILL AVE  
SUITE 135  
TAMPA, FL 33629

## New Mailing Address:

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

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, 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: BURNETT, 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 exemption stated 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 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. BURNETT

VP

01/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date