


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000069811
 1. Entity Name
 SORENSEN PALM BAY SELF STORAGE, INC.



Principal Place of Business 950 EAU GALLIE BLVD MELBOURNE, FL 32935	Mailing Address 950 EAU GALLIE BLVD MELBOURNE, FL 32935
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3400463	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 BOYD, JOEL E ESQ.
 6767 N. WICKHAM RD., STE. 306
 MELBOURNE, FL 32940

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SORENSEN, SCOTT 950 EAU GALLIE BLVD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SORENSEN, JOAN 950 EAU GALLIE BLVD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOLLEN, JOHN 165 MARLBOROUGH RD SUDBURY, MA 01776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOLLEN, BONNIE 165 MARLBOROUGH RD SUDBURY, MA 01776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/14/05-80099-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] 4/10/05 Date 321-254-270 Daytime Phone #