2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# P00000104451

Entity Name: SAN ANN SELF STORAGE, INC.

Current Principal Place of Business:

31904 HWY 52
SAN ANTONIO, FL 33576

New Principal Place of Business:

Current Mailing Address:

PO BOX 137
SAN ANTONIO, FL 33576

New Mailing Address:

FEI Number: 59-3703378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAGAN, LISA B
27850 BAYHEAD RD
DADE CITY, FL 33523 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: PD ( ) Delete
Name: BARTHLE, ROBERT J
Address: P.O. BOX 1167
City-St-Zip: SAN ANTONIO, FL 33576

Title: S ( ) Delete
Name: FAGAN, LISA B
Address: 27850 BAYHEAD RD.
City-St-Zip: DADE CITY, FL 33525

Title: VP ( ) Delete
Name: BARTHLE, WILLIAM A
Address: P.O. BOX 1000
City-St-Zip: SAN ANTONIO, FL 33576

Title: T ( ) Delete
Name: HAMILTON, DEBORAH B
Address: 27771 BAYHEAD RD.
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LISA B. FAGAN S 01/27/2009

Electronic Signature of Signing Officer or Director Date