2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 04, 2008 08:00 AN DOCUMENT # P04000022125 **Secretary of State** EZ WAY SELF STORAGE, INC. Principal Place of Business Mailing Address 888 PALM BAY ROAD PO BOX 511088 MELBOURNE BEACH FL 32951 PALM BAY FL 32905 3. Mailing Addross 2. Principal Place of Business - No P.O. Box # Suite. Apt. #, etc. Suite, Apl. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEi Number City & State Applied For 54-1617532 Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, GREG D 888 PALM BAY RD Street Address (P.O. Box Number is Not Acceptable) PALM BAY FL 32905 City 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 5 gnature, typed or maned leaning of registered legent and the it implicable (NOTE Registered Agent ergitation required which coinstableg) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ... OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change Addition H00000812295 NAME DAVIS, GREG D NAME 02/12/08-80041-012 150.00 STREET ADDRESS 888 PALM BAY RD STREET ADDRESS CITY ST-ZIP PALM BAY FL 32905 CITY - ST- ZIP TITLE ☐ Darete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7I2 CITY-ST-7IP TITLE De ele TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP THUE ☐ Deiete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIBLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS GITY-S1-289 CITY-S1-ZIP TITLE Delete TITLE, Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes 1 further certify that the information indicated on this report or supplemental report is the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer or director of the corporation or the receiver or trusted 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 TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08

31/508/370