2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000140045

1. Entity Name
ATLAS STORAGE, INC.

Principal Place of Business	Mailing Address
2150 SR 70 WEST OKEECHOBEE, FL 34974	4730 50TH AVE VERO BEACH, FL 32967

01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8188959
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, DAVID A
2010 CYPRESS LAKE DR.
GRANT, FL 32949

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MIDDLESTEAD, LLOYD L
STREET ADDRESS	30772 PALM DR
CITY-ST-ZIP	BIG PINE KEY, FL 33043
TITLE	DV
NAME	MARSHALL, DAVID A
STREET ADDRESS	2010 CYPRESS LAKE DR.
CITY-ST-ZIP	GRANT, FL 32949
TITLE	DS
NAME	LARGE, G.C. J
STREET ADDRESS	4730 50TH AVE
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/08-80089-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/23/08 772-633-6220
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #