2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other-like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # P99000065735 1. Entity Name 04-19-2004 90378 019 ***150.00 AAA STORAGE, INC. Principal Place of Business Mailing Address 133 S.W. 16TH ST. BELLE GLADE FL 33430 133 S.W. 16TH ST. BELLE GLADE FL 33430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-0938629 Not Applicable Zip Zip 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 BARTON, LISA A Street Address (P.O. Box Number is Not Acceptable) 1401 W ÁVE A **BELLE GLADE FL 33430** 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 SIGNATURE . 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 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 ☐ Delete TITLE ☐ Change Addition LEWIS, DORIS A NAME NAMÉ 1401 W AVE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BELLE GLADE FL 33430 CITY-ST-ZIP VΡ TITLE Delete TITLE ☐ Change ☐ Addition RIMES, LAURA A NAME STREET ADDRESS 133 SW 16TH STREET STREET ADDRESS BELLE GLADE FL 33430 CITY-ST-7IP CITY-ST-ZIP TITLE .. Delete ☐ Addition BARTON, LISA A NAME NAME STREET ADDRESS 1401 W AVE A STREET ADDRESS CITY-ST-ZIP BELLE GLADE FL 33430 CITY-ST-ZIP ☐ Delete TITLE Addition TiTi F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP Delete TITI F TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED