


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000081866**

1. Entity Name  
SAFE & SOUND CLIMATE-CONTROLLED MINI STORAGE, INC.



Principal Place of Business      Mailing Address

3920 CREIGHTON RD      PO BOX 11487  
PENSACOLA, FL 32504      PENSACOLA, FL 32524

**DO NOT WRITE IN THIS SPACE**



02062007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
59-3608769      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEST, RENE L  
1436 EAST OLIVE ROAD  
PENSACOLA, FL 32514

**DO NOT WRITE IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEST, MILETTE
STREET ADDRESS	1436 EAST OLIVE ROAD
CITY - ST - ZIP	PENSACOLA, FL 32514
TITLE	D
NAME	WEST, RENE L
STREET ADDRESS	1436 EAST OLIVE ROAD
CITY - ST - ZIP	PENSACOLA, FL 32514
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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02/16/07-80034-016 150.00

**DO NOT WRITE IN THIS SPACE**

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: Rene L. West      mt      2/6/07      8504782312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #