

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000081866
 1. Entity Name
 SAFE & SOUND CLIMATE-CONTROLLED MINI STORAGE, INC.



Principal Place of Business: 3920 CREIGHTON RD, PENSACOLA, FL 32504
 Mailing Address: PO BOX 11487, PENSACOLA, FL 32524

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01152008 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-3608769 Applied For: 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

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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: 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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 01/28/08-90006-021 150.00

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