2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 251600

1. Entity Name
SECURITY SELF STORAGE OF N.W. FLA., INC.

Principal Place of Business	Mailing Address
4281 HWY. 90	4281 HWY. 90
PACE, FL 32571	PACE, FL 32571

DO NOT WRITE IN THIS SPACE

02012008 ... No Chg-P . ,   CR2E034 (11/05)

4. FEI Number		Applied For
59-1425061		Not Applicable.
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, JERRY P
4281 HWY. 90
PACE, FL 32571

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (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	PD	
NAME	BENNETT, JERRY P	
STREET ADDRESS	4281 HWY. 90	
CITY-ST-ZIP	PACE, FL	
TITLE	VST	
NAME	BENNETT, DEBBIE	
STREET ADDRESS	4281 HWY. 90	
CITY-ST-ZIP	PACE, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000839527
03/06/08-80012-017 150.00

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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: _____   2/22/08   850-994-0667

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