

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90046 017 \*\*\*150.00

|  |   |   |   |
|--|---|---|---|
| DOCUMENT # 611191  |   |    |   |
| 1. Entity Name<br>ATLANTIC BEACH MINI STORAGE, INC.  |   |   |   |
| Principal Place of Business<br>7880 GATE PKWY STE 300<br>32256, FL 32224 US  |   | Mailing Address<br>7880 GATE PKWY STE 300<br>32256, FL 32224 US   |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |
| City & State<br>Jacksonville, FL   |   | City & State<br>Jacksonville  |   |
| Zip<br>32256   |   | Zip<br>32256  |   |
| County   |   | County  |   |
| 4. FEI Number<br>59-1906885  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent  |   | 7. Name and Address of New Registered Agent   |   |
| ASHAURIAN, MIKE<br>43047 210 BEACH BLVD<br>JACKSONVILLE, FL 32224  |   | Name<br>Ashaurian, Mike<br>Street Address (P.O. Box Number is Not Acceptable)<br>7880 GATE PARKWAY SUITE 300<br>JACKSONVILLE, FL 32256<br>City<br>FL 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 the obligations of registered agent.  |   |   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>ASHOURIAN, MIKE<br>7880 GATE PKWY STE 300<br>JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Elaine Ashaurian</u>   |   | Elaine Ashaurian  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date  |   |
|  |   | 4/24/2007   |   |
|  |   | 9049929000  |   |
|  |   | Daytime Phone #   |   |