2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 06, 2006 08:00 AM DOCUMENT # F02848 **Secretary of State** 1. Entity Name AMERICAN MINI-WAREHOUSES, INC. Principal Place of Business Mailing Address 6102 TIPPIN AVE. 6102 TIPPIN AVE PENSACOLA FL 32504 PENSACOLA FL 32504 2. Principal Place of Business 3. Mailing Address Suite, Apt. if, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 59-2026314 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAMS, JOHN R. Street Address (P.O. Box Number is Not Acceptable) 6102 TIPPÍN AVE PENSCOLA FL 32504 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and fills trapplicable (NOTE: Registered Agent arginature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5,00 May 5 Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DILE VPD TITLE Change Delete WILLIAMS, LINDA L. NAME 11000000457583 STREET ADDRESS 6102 TIPPIN AVE. STREET ADDRESS 03/17/06-80011-002 150.00 CITY-ST-ZIP PENSACOLA FL 32504 CITY-S1-ZIP ☐ Change Action TITLE PSDT ☐ Defete 7177.E NAME WILLIAMS, JOHN R. NAME STREET ADDRESS STREET ADDRESS 6102 TIPPIN AVE. CITY-ST-ZIP CRY-ST-ZIP PENSACOLA FL 32504 ☐ Change ☐ Addan ☐ Delete IIILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 017Y-53-7IP CCV-ST- 7/2 ☐ Change □ Month ☐ Delete TITLE DILE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change □ Adm TITLE ☐ Delete TRUE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE 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 exemptions contained in Section 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 of direction 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 if changed, or on an attachment with an address, with all other like empowered.

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