

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90001 034 ***150.00

DOCUMENT # F13073

1. Entity Name

MARCHNER'S A-1 U-STORE-IT, INC.



Principal Place of Business

1304 CHARLIE GRIFFIN RD
PLANT CITY FL 33566

Mailing Address

1304 CHARLIE GRIFFIN RD
PLANT CITY FL 33566

2. Principal Place of Business

3010 S. Jim Redman PKY

Suite, Apt. #, etc.

Plant City FL

City & State

3. Mailing Address

Above

Suite, Apt. #, etc.

City & State

Zip

33566

Country

Hillsboro

Zip

Country

Hillsboro

6. Name and Address of Current Registered Agent

MARCHNER, MICHAEL R.
1304 CHARLES GRIFFIN RD.
39 ON CHARLIE GRIFFIN ROAD
PLANT CITY FL 33567

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MARCHNER, MARY C
STREET ADDRESS 1304 CHARLIE GRIFFIN RD
CITY-ST-ZIP PLANT CITY FL

TITLE D ☐ Delete
NAME MARTIN, MARGARET M.
STREET ADDRESS 1304 CHARLIE GRIFFIN RD
CITY-ST-ZIP PLANT CITY FL

TITLE VD ☐ Delete
NAME MARCHNER, MICHAEL R
STREET ADDRESS 1304 CHARLIE GRIFFIN RD
CITY-ST-ZIP PLANT CITY FL

TITLE ST ☐ Delete
NAME MARCHNER, THOMAS J
STREET ADDRESS 1304 CHARLIE GRIFFIN RD
CITY-ST-ZIP PLANT CITY FL 33567

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *MR Marchner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Jan 05 813-752-6547

Date

Daytime Phone #