

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90030 025 ***150.00

DOCUMENT # F13073

1. Entity Name

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



Principal Place of Business

3010 S. JIM REDMAN PKWY
PLANT CITY FL 33566

Mailing Address

1304 CHARLIE GRIFFIN RD
PLANT CITY FL 33566

2. Principal Place of Business - No P.O. Box #

(Above)

3. Mailing Address

(Above)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number 59-2045476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 date if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	<input type="checkbox"/> Delete
NAME	MARCHNER, MARY C	
STREET ADDRESS	1304 CHARLIE GRIFFIN RD	
CITY ST / ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, MARGARET M.	
STREET ADDRESS	1304 CHARLIE GRIFFIN RD	
CITY ST / ZIP	PLANT CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARCHNER, MICHAEL R	
STREET ADDRESS	1304 CHARLIE GRIFFIN RD	
CITY ST / ZIP	PLANT CITY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARCHNER, THOMAS J	
STREET ADDRESS	1304 CHARLIE GRIFFIN RD	
CITY ST / ZIP	PLANT CITY FL 33567	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST / ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST / ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST / ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST / ZIP	
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STREET ADDRESS	
CITY ST / ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: Michael R. Marchner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 Jan 06

Date

813-752-6547

Daytime Phone #