

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94105**

1. Entity Name  
**WINDMILL SELF STORAGE, INC.**



Principal Place of Business  
**2297 - WEST GULF TO LAKE HWY.  
LECANTO, FL 34461 US**

Mailing Address  
**9133 E GOBBLER DRIVE  
FLORAL CITY, FL 34436 US**



04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1437919**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**5. Name and Address of Current Registered Agent**

**BARTLETT, WILLIAM H  
1280 69TH ST NORTH  
ST PETERSBURG, FL 33710**

**DO NOT WRITE  
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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	PERRY, SHARON E
STREET ADDRESS	9133 E GOBBLER DR
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	VP
NAME	BARTLETT, WILLIAM H
STREET ADDRESS	1280 69TH STREET NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400000321453  
04/21/05-80078-015 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Sharon E. Perry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.18.05 (352) 746-3633