## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Jan 31, 2006 08:00 AN DOCUMENT # H46706 1. Entity Name **Secretary of State** NAVARRE MINI STORAGE, INC. Mailing Address Principal Place of Business SURFSIDE STORAGE 8202 NAVARRE PKWY SCOTT HUFF 142 BROOKS BLVD BRENTON AL 36426 NAVARRE FL 32566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 74-2774790 Not Applicat Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUFF, SCOTT Street Address (P.O. Box Number is Not Acceptable) 8202 NAVARRE PKWY NAVAREE FL/32566 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 accerthe obligations of registered agent. SIGNATURE (NOTE Registered Agent signature reduired when revistation) me of registered agent and blic if populcable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ A to ☐ Change U00000408267 D2/08/06-80053-004 15D.00 HUFF, SCOTT NAME NAME STREET ADDRESS 142 BROOKS BLVD STREET ADDRESS CITY-ST-ZIP **BRENTON AL** CITY-ST-ZIP TITLE SVT ☐ Delete TITLE Change Change □ Add NAME HUFF, CINDY NAME STREET ADDRESS 142 BROOKS BLVD STREET AODRESS BRENTON AL City-St-ZYP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET AGORESS CITY - ST-7!P CLIY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Adi NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE me □ A∵ Change NAME MARAF STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP Delete TITLE Change DAG. 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 or directly 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 it changed, or on an attachment with an address, with all other like empowered.

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