2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # H89332

1. Entity Name
AMERICAN NATIONAL SELF STORAGE, INC.

Principal Place of Business	Mailing Address
701 S. HOMESTEAD BLVD. STE. 10 HOMESTEAD, FL 33030	701 S. HOMESTEAD BLVD. STE. 10 HOMESTEAD, FL 33030

02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2646203
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STETTIN, HERBERT
ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD. SUITE 3270
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	CONCEPION, CARLOS
STREET ADDRESS	999 PONCE DE LEON BLVD., STE. 1015
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	CONDER, DELORES J
STREET ADDRESS	701 S. HOMESTEAD BLVD., STE. 10
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	D
NAME	HOOVER, JOHN W JR.
STREET ADDRESS	701 S. HOMESTEAD BLVD.,STE. 10
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	DP
NAME	WESTPY, EDWARD
STREET ADDRESS	701 S. HOMESTEAD BLVD., STE. 10
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	DST
NAME	MORGAN, JOHN H
STREET ADDRESS	2399 HALPRENS WAY
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000233399
03/17/05-80037-025 150.00

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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: E. WESTPY 2/14/05 305-247-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #