


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 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



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/07)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-2646203**       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**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title, if applicable.      If OFF Registered Agent signature required when submitting.      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	D <input type="checkbox"/> Delete
NAME	CONCEPION, CARLOS
STREET ADDRESS	999 PONCE DE LEON BLVD., STE. 1015
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D <input type="checkbox"/> Delete
NAME	CONDER, DELORES J
STREET ADDRESS	701 S. HOMESTEAD BLVD., STE. 10
CITY-ST-ZIP	HOMESTEAD FL 33030
TITLE	D <input type="checkbox"/> Delete
NAME	HOOVER, JOHN W JR.
STREET ADDRESS	701 S. HOMESTEAD BLVD., STE. 10
CITY-ST-ZIP	HOMESTEAD FL 33030
TITLE	DP <input type="checkbox"/> Delete
NAME	WESTPY, EDWARD
STREET ADDRESS	701 S. HOMESTEAD BLVD., STE. 10
CITY-ST-ZIP	HOMESTEAD FL 33030
TITLE	DST <input type="checkbox"/> Delete
NAME	MORGAN, JOHN H
STREET ADDRESS	2399 HALPRENS WAY
CITY-ST-ZIP	MIDDLEBURG FL 32068
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	U00000801295
CITY-ST-ZIP	02/01/08-80012-017 150.00
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	
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: E. Westpy      25/JAN/08      305 247 1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day: 18 Page: 7