2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 8:00 am Secretary of State 05-03-2006 90256 028 ***150.00

1. Entity Nam	MENT # J395 ETY MINI STORA						05-03-2006 9	90256 02	8 ***150	0.00
Principal Plac	e of Business	Mailing A	Address				V V V V	0110		
2915 ST JOH	INS BLUFF RD S	P 0 B0	X 56644							
JACKSONVILL	.E, FL 32246	JACKSO	NVILLE, FL 32241							
2. Principal P	lace of Business		Address Box 445							
Suite, Apt.	#, etc.		Apt. #, etc.			04282006	Chg-P	CR2E03	34 (11/05)	
City & Stat	e	City &				4. FEI Numbe			_ 	plied For
 Zip	Country	Zip	<u>inge Park</u>	untry		59-2914			No. 88.75 Add	t Applicable
- -		320	073 L	18A			of Status Desired		ee Require	
	6. Name and Addres	s of Current Registered	Agent	Name		7. Name and	Address of New R	legistered A	gent	
TRAWICK	, COY W SR				Vic	ki Ar	on Cart			
	MEADOWS WAY W	#160		Street A	ddress (F	9.0. Box Numbe	or is Not Acceptable	e) }(1/1/2•		
JACKSON	VILLE, FL 32256					-5.05	<u> </u>	2) [2]		
				City /				FL	Zip Code	9-00
8. The above	named entity submits this	s statement for the purpose	e of changing its registe	ered office or	register	ed agen, or bot	h, in the State of Flo		ച്ച ട്രൂ amiliar with.	and accept
	ions of registered agent.	• 0 >	,		•	-				,
SIGNATURE.	/ / LCP	L Unni	artin							
	Signature, typed or printed name of	f registered agent and little if applica	ONE (NOTE: Regist	ered Agent signati	ure required	when reinstating)		DATE		
						1				
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Indicated on this report of 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat

SIGNATURE

90H 21 S 22 Sbo Daytime Phone #