


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90013 029 \*\*\*150.00

<b>DOCUMENT # J60209</b>	
1. Entity Name <b>BAY MINI WAREHOUSES AND STORAGE, INC.</b>	

Principal Place of Business <b>900 W 26TH STREET LYNN HAVEN, FL 37444 US</b>	Mailing Address <b>900 W 26TH STREET 900 W 26TH ST LYNN HAVEN, FL 37444 US</b>
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**DO NOT WRITE IN THIS SPACE**

01262006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2778502</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CRISP, DONALD  
900 W 26TH STREET  
LYNN HAVEN, FL 32444**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRISP, DONALD R 900 W 26TH STREET LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOU, LESTER 900 W 26TH STREET LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRISP, RAY D 900 W 26TH STREET LYNN HAVEN, FL 32444
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Donald Crisp, Pres.* 1-27-06 850/163-7399  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #