2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # K31270

1. Entity Name
INSTANT STORAGE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3100 NW 131 ST OPA-LOCKA, FL 33054	3100 NW 131 ST OPA-LOCKA, FL 33054

DO NOT WRITE IN THIS SPACE

05242006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0073672

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GILREATH, MARVIN
3100 NW 131 ST
OPA-LOCKA, FL 33054

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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
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	JAMIESON, THOMAS J.
STREET ADDRESS	7600 CALLE CERCA
CITY-ST-ZIP	BAKERSFIELD, CA
TITLE	D
NAME	JAMIESON, TERRY
STREET ADDRESS	7600 CALLE CERCA
CITY-ST-ZIP	BAKERSFIELD, CA
TITLE	DP
NAME	MCCAN, CHARLES R.
STREET ADDRESS	6316 LANDFAIR DR.
CITY-ST-ZIP	BAKERSFIELD, CA
TITLE	DV
NAME	GILREATH, MARVIN
STREET ADDRESS	15042 SW 17 ST
CITY-ST-ZIP	DAVIE, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/30/06-80003-011 150.00

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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: Marvin Gilreath 5-24-06 305-769-2468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #