


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90324 048 ***150.00

DOCUMENT # K45327							
1. Entity Name TYRONE MINI STORAGE COMPANY							
Principal Place of Business 7750 38TH AVE.N. ST PETERSBURG FL 33710			Mailing Address 7750 38TH AVE.N. ST PETERSBURG FL 33710				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2925829			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MALLER, KAREN E BARNETT TOWER 1 PROGRESS PLAZA SUITE 1210 ST. PETERSBURG FL 33701			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DALRYMPLE, GERALD F.		NAME				
STREET ADDRESS	7750 - 38TH AVENUE NORTH		STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33710		CITY-ST-ZIP				
TITLE	VST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DALRYMPLE, NINA M.		NAME				
STREET ADDRESS	7750 - 38TH AVENUE NORTH		STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DALRYMPLE, NINA M.		NAME				
STREET ADDRESS	7750 - 38TH AVENUE NORTH		STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33710		CITY-ST-ZIP				
TITLE	COVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KINSLER, CARA L		NAME				
STREET ADDRESS	7750 38TH AVE. N.		STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <i>Carla L. Kessler</i>			Date: CARA L. KESSLER VICE PRESIDENT 4/10/04 727-347-5171				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				