

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L27519</b> 1. Entity Name <b>AMERICAN PERSONAL STORAGE, INC.</b>			
Principal Place of Business 1849 SW SOUTH MACEDO BLVD P.O. BOX 9004 PORT ST LUCIE, FL 34985-6004		Mailing Address 1849 SW SOUTH MACEDO BLVD P.O. BOX 9004 PORT ST LUCIE, FL 34985-6004	
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>6. Name and Address of Current Registered Agent</b>  FOX, M. LANNING 1100 SOUTH FEDERAL HIGHWAY STUART, FL 34994		<b>DO NOT WRITE IN THIS SPACE</b>	
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	D	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	RELLER, CHARLES M. JR		
STREET ADDRESS	1849 SW S MACEDO BLVD		
CITY-ST-ZIP	PT ST LUCIE FL		
TITLE			
NAME			
STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>	
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
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.		1/20/05 772-877-4722	
SIGNATURE <u>Charles M Reller Jr</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	

Charles M Reller Jr