2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L96642

1. Entity Name

PLANTATION KEY STORAGE, INC.



FILED Apr 05, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

266 GARDENIA ST.

TAVERNIER, FL 33070

PO BOX 190

MORRISTON, FL 32668 US



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01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0215780 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECKMEYER, KARL 18731 S.E. 30TH STREET MORRISTON, FL 32668

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The above named entity submits this statement for the p the obligations of registered agent.	ourpose of changing its registered offi	ce or registered agent, or bo	oth, in the State of Florida. 1 a	m familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and tale	il applicable. (NOTE: Registered Agent	signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		

10. OFFICERS AND DIRECTORS DS TITLE NAME BECKMEYER, KARL **18731 SE 30TH STREET** STREET ADDRESS CITY-ST-ZIP MORRISTON, FL 32668 TITLE DP NAME BECKMEYER, DEBORAH STREET ADDRESS 18731 S.E. 30TH STREET CITY-ST-ZIP MORRISTON, FL 32668 TITLE

U000000691454 .04/13/07-80011-013 150.00

NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 it 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4/3/07

352-528-5957