2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2008 8:00 am

	4517 "NO00000		THE STATE OF THE S	Secretary of State
1. Entity Name	DOWNTOWN STORAGE UNIT 1, INC.			03-03-2008 90194 010 ****61.25
	YNOLDS AVE.	Mailing Address P.O. BOX 1118 PLANT CITY, FL 33564	-1118	
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01302008 Chg-NP CR2E037 (12/06)
City & State	9	City & State		4. FEI Number Applied For 59-3599766 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
VERNER I	EDWARD M		Name	
VERNER, EDWARD M 110 EAST REYNOLDS STREET, SUITE 700 PLANT CITY, FL 33563		E 700	Street Address	s (P.O. Box Number is Not Acceptable)
	•			
	. d		City	FL Zip Code
the obligati	named entity submits this statement to ions of registered agent. Signature, typed or printed name of registered agent.		registered office of regis	stered agent, or both, in the State of Florida. I am familiar with, and acceptions are stated when reinstating) DATE
	Filing Fee is \$61.25	9. Election Can	npaign Financing	Make sheek smooths to
	Due by May 1, 2008	Trust Fund C		\$5.00 May Be Added to Fees Make check payable to Florida Department of State
10.	OFFICERS AND D			VOICO INIA) DE
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	T 82 7 7 7 9 12		Contribution.	Added to Fees Florida Department of State
TITLE NAME STREET ADDRESS	OFFICERS AND D STD VERNER, EDWARD 110 E. REYNOLDS ST.	PIRECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Additional Change Additional Change Additional Change Caracteristics of the Change Caract
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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 617, 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:

BIONATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR