

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90269 029 ***150.00

DOCUMENT # P00000034727

1. Entity Name
GREATER MINI STORAGE CORP.



Principal Place of Business
**1105 KENSINGTON PARK DRIVE
ALTAMONE SPRINGS, FL 32714**

Mailing Address
**1105 KENSINGTON PARK DRIVE
ALTAMONE SPRINGS, FL 32714**

54045322



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3637814

| |
|----------------|
| Applied For |
| Not Applicable |

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOWNDES, JOHN F
215 NORTH EOLA DRIVE
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | D |
| NAME | MANDELL, ROBERT A |
| STREET ADDRESS | 1105 KENSINGTON PARK DRIVE |
| CITY-ST-ZIP | ALTAMONE SPRINGS, FL 32714 |
| TITLE | D |
| NAME | MANDELL, LESTER N |
| STREET ADDRESS | 1105 KENSINGTON PARK DRIVE |
| CITY-ST-ZIP | ALTAMONE SPRINGS, FL 32714 |
| TITLE | D |
| NAME | GREGG, CHARLES W |
| STREET ADDRESS | 1105 KENSINGTON PARK DRIVE |
| CITY-ST-ZIP | ALTAMONE SPRINGS, FL 32714 |
| TITLE | D |
| NAME | CONLEY, HAMPTON P |
| STREET ADDRESS | 1105 KENSINGTON PARK DRIVE |
| CITY-ST-ZIP | ALTAMONE SPRINGS, FL 32714 |
| TITLE | D |
| NAME | SNYDER, SIMON |
| STREET ADDRESS | 1105 KENSINGTON PARK DRIVE |
| CITY-ST-ZIP | ALTAMONE SPRINGS, FL 32714 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04 **407-869-0300**
Date Daytime Phone #