

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90069 027 \*\*\*150.00

<b>DOCUMENT # P00000034727</b> 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		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address 1033 STATE ROAD 436 SUITE 121 CASSELBERRY FL 32707 SEMINOLE			
City & State		City & State		4. FEI Number 59-3637814	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LOWNDES, JOHN F 215 NORTH EOLA DRIVE ORLANDO, FL 32801			7. Name and Address of New Registered Agent  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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANDELL, ROBERT A 1105 KENSINGTON PARK DRIVE ALTAMONE SPRINGS, FL 32714 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO STEPHEN M GALLAGHER 1105 KENSINGTON PARK DR ALTAMONE SPRINGS FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANDELL, LESTER N 1105 KENSINGTON PARK DRIVE ALTAMONE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREGG, CHARLES W 1105 KENSINGTON PARK DRIVE ALTAMONE SPRINGS, FL 32714 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONLEY, HAMPTON P 1105 KENSINGTON PARK DRIVE ALTAMONE SPRINGS, FL 32714 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SNYDER, SIMON 1105 KENSINGTON PARK DRIVE ALTAMONE SPRINGS, FL 32714 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/10/06 407-869-0300 <small>Date Daytime Phone #</small>		