2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 06, 2005 8:00 am Secretary of State

	ANNOAL	KEFORI	Secretary of State		
1. Entity Nam	MENT # P0100054 ABLE SELF STORAGE, INC			06-06-2005 90005 027 ***150.00	
Principal Place	e of Business	Mailing Address		7 .	
1132 S MAIN ST		4907 NW 43RD ST F			
GAINESVILLE	, FL 32601	GAINESVILLE, FL 32606			
				A PROGRESS OF A STALLING TO BOTH BOTH A BOTH A BOTH BOTH BOTH BOTH BOTH BOTH BOTH BOTH	
2 Principal P	lace of Business	3. Mailing Address			
2		1132 S Main St		A FORTHER HILL BOTOL HINTE RESIL BEIN BRITT BRITT BRITT BINT BINT BIND BIND HEND KREEDEN IN FERT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		OF 000000 Cha B CD0F004 (40/00)	
				05092005 Chg-P CR2E034 (10/03)	
City & State	9	City & State	GI	4. FEI Number Applied For	╗
_,		Gaines ville		59-3729474 Not Applicab	le
Zip	Country	Zip 32601	Country	5. Certificate of Status Desired	
	6. Name and Address of Current		USA	7. Name and Address of New Registered Agent	
			Name		==
MURNANE, PATRICK			0	- (D.O. D N	\dashv
4907 NW 43RD ST STE F GAINESVILLE, FL 32606			Street Address	is (P.O. Box Number is Not Acceptable)	١
GAINESVI	LLE, FL 32000 (ヿ
			City	□ Zip Code	긕
<u> </u>	<u>,</u>				
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 \$550.00 9. Election Campaign Financing\$5.00 May Be					
	ue by September 7, 2005	Trust Fund Contrib		idded to Fees	ı
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	4
TITLE F.	D :	Delete	TITLE	Change Addition	
NAME	PLA, JOHN M	□ Délété	NAME		""
STREET ADDRESS	4907 NW 43RD ST-STE F		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	on
NAME	MURNANE, PATRICK		NAME		
STREET ADDRESS CITY-ST-ZIP	4907 NW 43RD ST STE F GAINESVILLE, FL 32606		STREET ADDRESS CITY-ST-ZIP		
<u> </u>	D D				_
TITLE NAME	MURNANE, MARIA	☐ Delete	TITLE NAME	☐ Change ☐ Addition	חג
STREET ADDRESS	4907 NW 43RD ST STE F		STREET ADDRESS		-
City-ST-ZIP	-GAINESVILLE, FL-32606		-CITY-ST-ZIP-		_
TITLE		☐ Defete	TITLE	☐ Change ☐ Addition	on
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		-
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP		4
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	n
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		ļ
TITLE		☐ Delete	TITLE	☐ Change ☐ Additio	on I
NAME			NAME		-
STREET ADDRESS			STREET ADDRESS		1
CITY-ST-ZIP	I		CITY-ST-ZIP		

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:

Struk Murua NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-05

<u>3523787575</u>

Daytime Phone #