

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000075772

FILED
Apr 25, 2008
Secretary of State

Entity Name: GUARDIAN ANGELS SELF STORAGE, INC.

Current Principal Place of Business:

107 CORBETT ROAD
PALATKA, FL 32177

New Principal Place of Business:

565 HIGHWAY 17 SOUTH
SAN MATEO, FL 32187

Current Mailing Address:

112 FRATERNAL AVENUE
PALATKA, FL 32177

New Mailing Address:

P.O. BOX 387
SAN MATEO, FL 32187

FEI Number: 59-3751721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARSON, CINDRA G
112 FRATERNAL AVE
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

COX, KAREN L
118 FRATERNAL AVENUE
PALATKA, FL 32177 US

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.

SIGNATURE: KAREN L COX

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PEARSON, CINDRA G
Address: 112 FRATERNAL AVENUE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: LLOYD, HOWARD W
Address: 112 FRATERNAL AVENUE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: COX, KAREN L
Address: 118 FRATERNAL AVENUE
City-St-Zip: PALATKA, FL 32177

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: PAFFORD, JUSTIN W
Address: 109 CORBETT ROAD
City-St-Zip: PALATKA, FL 32177

Title: D () Change (X) Addition
Name: COX, CODY S
Address: 118 FRATERNAL AVENUE
City-St-Zip: PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN L COX

D

04/25/2008

Electronic Signature of Signing Officer or Director

Date