

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000052731

1. Entity Name
SOUTH FLORIDA AVENUE MINI STORAGE, INC.



Principal Place of Business

**10912 N 56TH ST
TEMPLE TERRACE, FL 33617**

Mailing Address

**10912 N 56TH ST
TEMPLE TERRACE, FL 33617**



03252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0438292

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOSS, TRENT C
10912 N 56TH ST
TEMPLE TERRACE, FL 33617**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GOSS, JAMES C
STREET ADDRESS	10912 N 56TH ST
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	VS
NAME	GOSS, TRENT C
STREET ADDRESS	10912 N 56TH ST
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Trent Goss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/5

Date

813-984-1533

Daytime Phone #