## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000056234

1. Entity Name KOAN MINI STORAGE, INC.



FILED Apr 27, 2005 08:00 AM Secretary of State

Principal Place of Business

499 N SPRING GARDEN AVE DELAND, FL 32720 Mailing Address

499 N SPRING GARDEN AVE DELAND, FL 32720



DO NOT WRITE IN THIS SPACE

04252005 No Chg-P CR2E034 (10/03)

FEI Number
 03-0463091

| Applied For | Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOAN, PHILIP G 499 N SPRING GARDEN AVE DELAND, FL 32720

## DO NOT WRITE IN THIS SPACE

|  |   |  | ţ                          |                                       |  |  |
|--|---|--|----------------------------|---------------------------------------|--|--|
|  | named entity submits this statement for the prions of registered agent. | urpose of changing its re                | gistered office or r       | egistered agent, or be                | oth, in the State of Florida. I am familiar with, and accept |  |
| SIGNATURE_                                     | Signature, typed or printed name of registered agent and title if       | applicable. (NOTE, F                     | Registered Agent signature | required when reinstating)            | DATE   |  |
|  | E NOWIII FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550.00             | Election Campaigr     Trust Fund Contrib |                            | <b>\$5.00</b> May Be<br>Added to Fees |  |  |
| 10. OFFICERS AND DIRECTOR                      |   | †ÔŘS                                     |                            |                                       | <del></del>  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | DP<br>KOAN, PHILIP G<br>205 CROOKED TREE TRAIL<br>DELAND, FL 32724      |  |                            |                                       | Un0000334159<br>04/27/05-80035-003 150.00                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | DV<br>KOAN, GAYLE J<br>205 CROOKED TREE TRAIL<br>DELAND, FL 32724       | -  |                            |                                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>1</b>  |  |                            | DO                                    | NOT WRITE  |  |
| TITLE  |   |  | 1                          | IN                                    | THIS SPACE   |  |

12. I hereby certify that the information supplied with this filling 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTACT ADDRESS
CITY-ST-ZIP
CONTACT ADDRESS
CITY-ST-ZIP

4/25/05 386-736-2253