04/27/2006 16:48 4104899628 LAWRENCE R

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May 04, 2006 8:00 am
Secretary of State

05-04-2006 90203 018 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000097563

1. Entity Name
CROSBY SQUARE SELF-STORAGE & WAREHOUSES, INC.

Principal Place of Business	Mailing Address
6365 S TEX POINT HOMOSASSA, FL 34446	P.O. BOX 529 LOTHIAN, MD 20711

DO NOT WRITE IN THIS SPACE

04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-4212479
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROSBY, JAMES W III
3720 FOREST DRIVE
INVERNESS, FL 34463

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	CROSBY, JAMES W III
STREET ADDRESS	1047 LOWER PINDELL ROAD
CITY-ST-ZIP	LOTHIAN, MD 20711
TITLE	V
NAME	CROSBY, ANN-BRITT
STREET ADDRESS	1047 LOWER PINDELL ROAD
CITY-ST-ZIP	LOTHIAN, MD 20711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 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 all other like empowered.

SIGNATURE: _____ 4/27/06 443-[illegible]-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40083009
P02000097563

Dept of Revenue – Florida

To Whom it may concern

Cross by Square Self Storage
13-4212474

I am requesting that you forgive the late charges
Reason – I had a blood clot on my left side of the brain.
This caused a short term memory loss. If I start a project then
switch to something else then
I forget what I was previously doing
& I forgot to mail this application
Hopes In these hard times, your forgiveness is
appreciated

Thank
Joan Croly