

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90021 017 ***150.00

DOCUMENT # P02000101602

1. Entity Name
INTERSTATE MINI STORAGE, INC.



Principal Place of Business
**2707 S.W. 40TH BOULEVARD
GAINESVILLE, FL 32608**

Mailing Address
**POST OFFICE DRAWER 2759
GAINESVILLE, FL 32602**

03232004

No Chg-P CR2E034 (10/03)



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3719181	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LASH, ROBERT A
500 E. UNIVERSITY AVENUE
SUITE A
GAINESVILLE, FL 32602-2759**

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULHEARN, JAMES R 13004 SW 89TH AVENUE ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULHEARN, VICKI 13004 SW 89TH AVENUE ARCHER, FL 32618
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-04