2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000101602

1. Entity Name

12. I hereby certify that the indicated on this report of the corporation or the if changed, or on an a

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INTERSTATE MINI STORAGE, INC.



FILED Feb 29, 2008 08:00 Al Secretary of State

Day, me Phore r

Principal Place of Business 2707 S.W. 40TH BOULEVARD GAINESVILLE FL 32608		Mailing Address POST OFFICE DRAWER 2759 GAINESVILLE FL 32602			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite. Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)	
City & State		City & State		4. FEI Number 54-2133377 Applied For Not Applied For	le
Zφ .	Country	Z(p	Ocuntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	_
			Name		
· LAS 500	SH, ROBERT A E. UNIVERSITY AVENUE	Street Add		ecs (P.O. Box Number is Not Acceptable)	
SUITE A GAINESVILLE FL 32602-2759					_
			City	FL Zip Code	_
	named entity submits this statement fi tions of registered agent.	for the purpose of changing its	s registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accep	t
SIGNATURE	Separature, typed or printest harm of registered agen	Land the Fampication (f.O)	FE Registried Agort signature re	Printed when remaining DATE	
4.		· · · · · · · · · · · · · · · · · · ·		Market of the state of the stat	
' After	ILE NOW!!! FEE IS \$150.00 May 1; 2008 Fee Will Be \$550.0 Read Payable to Florida Department of	0. [4][7]		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees)
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TIT: E	D	☐ Dulete	TITLE	Change Additio	n
NAME	MULHEARN, JAMES R	المانين المانين	NAME	that onergo and notified	"
STREET ADDRESS	13004 SW 89TH AVENUE		STREET ADDRESS	000000844498 03/13/08-80001-014 150.00	
CITY-ST-ZIP	ARCHER FL 32618		CITY-ST-ZIP	03/13/08-80001-014 150.00	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addilio	
NAME	MULHEARN, VICKI	<u> </u>	NAME		
STREET ADDRESS	13004 SW 89TH AVENUE		STREET ADDRESS		
CITY-ST-7IP	ARCHER FL 32618		CITY - ST - ZIP		
TITLE		☐ De⊦ele	TITLE	☐ Change ☐ Addition	7
NAME			NAME	_ •	
STREET ADDRESS			STREET ADDRESS		ļ
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NAME			NAME		1
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City-SI-ZiP		<u> </u>	CITY-ST-ZIP		4
TITLE		☐ Deicte	TITLE	Change Addition	1
NAME CORCULADORCO			NAME		
STREET ADDRESS			STREET ADDRESS		

polied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director stee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 address, with all other life empowered.