

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

04-20-2004 90021 002 ***150.00

DOCUMENT # P02000133997			
1. Entity Name PECARD SELF STORAGE, INC.			
Principal Place of Business 1036 E NORVELL BRYANT HWY HERNANDO, FL 34442		Mailing Address 1036 E NORVELL BRYANT HWY HERNANDO, FL 34442	
2. Principal Place of Business 1036 E. Norvell Bryant		3. Mailing Address 1036 E. Norvell Bryant	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HERNANDO FL		City & State HERNANDO FL	
Zip 34442		Zip 34442	
Country CITRUS COUNTY		Country CITRUS	
4. FEI Number 62-0537791		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 PICARD, WILLIS J 1036 E NORVELL BRYANT HWY HERNANDO, FL 34442		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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: <u>Willis J Picard</u> DATE: <u>4-15-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete PICARD, WILLIS J 1036 E NORVELL BRYANT HWY HERNANDO, FL 34442	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Willis J Picard</u> OFFICER - <u>5-5-04-341-3300</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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