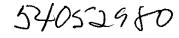
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 06, 2004 8:00 am Secretary of State

| 1. Entity Nam | MENT # P0300002 | 0197 | 05-06 | 5-2004 90166 021 *** | 150.00 | |
|---|--|---|--|--------------------------------|--|----------------------------------|
| Principal Place of Business 210 SCHOONER LANE MARATHON, FL 33050 | | Mailing Address -210 SCHOONER LANE. MARATHON, FL 33050 | | 54052980 | | |
| 2. Principal Place of Business | | 3. Mailing Address PO Box 500213 | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04212004 Chg-P | CR2E034 (10/03) | I |
| City & Stat | e · . | City & State MARATH | | 4. FEI Number 4/- 208 | 4300 N | opplied For lot Applicable |
| Zip | Country | 33050 | Country | 5. Certificate of Status Dec | Fee Require | |
| "SPIEGEL" | 6. Name and Address of Curren | t Registered Agent | Name Street Address | 7. Name and Address of | VAGNER | |
| 4 TH FLOOR MIAMI, FL 33146 | | | ð | 10 SCHOONER | LA | |
| e The size | the Alexander | | City | (ARATHON | | 3050 |
| 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 redistered agen | rand itlight applicable. (NOT | E: Registered Agent signature requi | red when reinstating) | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | |
| 10. | OFFICERS AND | | 11. | ADDITIONS/CHANGES T | O OFFICERS AND DIRECTOR | |
| NAME STREET ADDRESS CITY-ST-ZIP | PDT WAGNER, SHARON L 210 SCHOONER LANE MARATHON, FL 33050 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | VSD WAGNER, HARRY J 210 SCHOONER LANE MARATHON, FL 33050 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition |
| THLE NAME STREET ADDRESS CITY-ST-ZIP | | - Délete | NAME STREET ADDRESS CITY-SI-ZIP | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-S1-ZIP | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-S1-ZIP | | ☐ Change | Addition |
| indicated of the cor | certify that the information supplied will on this report or supplemental report reporation or the receiver or trustee em, or on an attachment with an address | is true and accurate and that powered to execute this report | my signature shall have th t as required by Chapter 6 l. | e same legal effect as if made | under oath; that I am an office ny name appears in Block 10 c | er or director or Block 11 if |





Division of Corporations

Annual Report

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Document Number P03000020197

| S&1 | Business Entity Name H SELF-STORAGE CORP. | | | | | |
|---|---|--|--|--|--|--|
| FEI Number | 41-2084300 | | | | | |
| FEI Number Status | _Applied For Not Applicable Current | | | | | |
| Certificate of Status De | sired Yes No \$8.75 each | | | | | |
| Pr | incipal Place of Business | | | | | |
| Address | 210 SCHOONER LANE | | | | | |
| Suite, Apt. #, etc. | | | | | | |
| City, State | MARATHON , FL | | | | | |
| Zip Code & Country | 33050 | | | | | |
| Mailing Address | | | | | | |
| Address | 210 SCHOONER LANE | | | | | |
| Suite, Apt. #, etc. | | | | | | |
| City, State | MARATHON | | | | | |
| Zip Code & Country | 33050 | | | | | |
| Name And Address of Registered Agent | | | | | | |
| Name (Last, First, Middle, Title | Name (Last, First, Middle, Title) WAGNER, HARRY | | | | | |
| -or- RA Business Name | SRIEGEL & UTRERA, P.A. | | | | | |
| Address | 1840 SW 22ND ST. 210 SCHOONER LA. | | | | | |
| Suite, Apt. #, etc. | 4TH FLOOR- | | | | | |
| City, State | MIAMIT MARATHON, FL | | | | | |
| Zip Code & Country | 33145 US 33050 | | | | | |
| If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a | | | | | | |

business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature