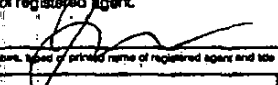
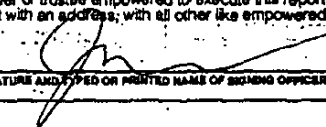


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-06-2004 90010 043 ***150.00

DOCUMENT # P03000042558 1. Entity Name LOC N KEY STORAGE, INC.					
Principal Place of Business 6720 S TAMiami TRAIL SARASOTA, FL 34231 US			Mailing Address 6720 S TAMiami TRAIL SARASOTA, FL 34231 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 05-0291230				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				02202004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MILLER, JILL 303 BAYSHORE ROAD NOKOMIS, FL 34275-3301			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:  DATE: _____ Signature must be 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: PRESIDENT NAME: GEORGE MILLER STREET ADDRESS: 6720 S TAMiami TR CITY-ST-ZIP: SARASOTA, FL 34231			☐ Change ☐ Addition		
TITLE: SECRETARY NAME: JILL MILLER STREET ADDRESS: 6720 S TAMiami TR CITY-ST-ZIP: SARASOTA, FL 34231			☐ Change ☐ Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:			☐ Change ☐ Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:			☐ Change ☐ Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:			☐ Change ☐ Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:			☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  DATE: _____ DAYTIME PHONE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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