

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000042874**

1. Entity Name  
LAKE WORTH SELF-STORAGE, INC.



Principal Place of Business  
8135 LAKE WORTH RD STE B  
LAKE WORTH, FL 33467

Mailing Address  
8135 LAKE WORTH RD STE B  
LAKE WORTH, FL 33467



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
54-2107370

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

COLMAN, NANCY B  
1075 BROKEN SOUND PKWY. NE  
SUITE 102  
BOCA RATON, FL 33487

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000828403  
02/25/08-80011-007 158.75

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PECHTER, MARTIN  
STREET ADDRESS 751 PARK OF COMMERCE DR STE 128  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE VD  
NAME PECHTER, JEFFREY  
STREET ADDRESS 8135 LAKE WORTH RD STE B  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE STD  
NAME BLOCK, STEPHEN  
STREET ADDRESS 8135 LAKE WORTH RD STE B  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/12/08

561-357-0621