

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90057 027 \*\*\*150.00

00460303



MOORE CR2E034 (11/03)

<b>DOCUMENT # P03000048896</b> 1. Entity Name <b>BILLY'S SELF STORAGES, INC.</b>					
Principal Place of Business <b>252 BALD EAGLE RUN LAKE MARY FL 32457</b>			Mailing Address <b>252 BALD EAGLE RUN LAKE MARY FL 32457</b>		
2. Principal Place of Business <b>16905 S US HWY 441</b> Suite, Apt. #, etc.		3. Mailing Address <b>1570 REBECCA PL.</b> Suite, Apt. #, etc.			
City & State <b>SUMMERFIELD FL</b> Zip <b>34491</b>		City & State <b>LONGWOOD FL</b> Zip <b>32779</b>		4. FEI Number <b>11-3700528</b>	
Country <b>MARION</b>		Country <b>SEMINOLE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CLEMENT, G. EDWARD 308 EAST-FIFTH AVENUE MOUNT DORA FL 32757</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LIATSOS, GEORGE K</b> <b>252 BALD EAGLE RUN</b> <b>LAKE MARY FL 32457</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LIATSOS GEORGE K</b> <b>1570 REBECCA PLAC.</b> <b>LONGWOOD - FL 32779</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LIATSOS, ELENI G</b> <b>252 BALD EAGLE RUN</b> <b>LAKE MARY FL 32457</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LIATSOS ELENI G</b> <b>1570 REBECCA PLAC</b> <b>LONGWOOD - FL 32779</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>Eleni G. Liatsos</u> <u>ELENI LIATSOS</u> <u>4-19-04</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					