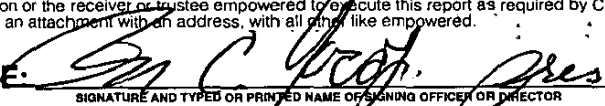


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90105 038 \*\*\*150.00

<b>DOCUMENT # P03000121554</b> 1. Entity Name <b>BUCKEYE SELF STORAGE OF PLANT CITY, INC.</b>			
Principal Place of Business <b>4855 10TH AVENUE S.W. NAPLES, FL 34116</b>		Mailing Address <b>4855 10TH AVENUE S.W. NAPLES, FL 34116</b>	
2. Principal Place of Business <b>BUCKEYE SELF STORAGE</b> Suite, Apt. #, etc. <b>1610 JIM JOHNSON RD.</b>		3. Mailing Address <b>BUCKEYE SELF STORAGE</b> Suite, Apt. #, etc. <b>1610 JIM JOHNSON RD.</b>	
City & State <b>PLANT CITY FL</b>		City & State <b>PLANT CITY FL</b>	
Zip <b>33566</b>		Zip <b>33566</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-0358201</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEBRE, HAROLD J ESQ. COLEMAN &amp; JOHNSON, P.A. 4001 TAMiami TRAIL N., SUITE 300 NAPLES, FL 34103</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST YOCOM, BENJAMIN C JR 4855 10TH AVENUE S.W. NAPLES, FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BENJAMIN C. YOCOM JR 3238 BRIDGEFIELD DR. LAKELAND, FL 33803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOCOM, BENJAMIN C JR 4855 10TH AVENUE S.W. NAPLES, FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN C. YOCOM JR 3238 BRIDGEFIELD DR. LAKELAND, FL 33803 <input checked="" 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
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.			
SIGNATURE: 		Date: <b>1/12/05</b> 239-289-4938	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

40003163



01132005 Chg-P CR2E034 (10/03)