## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P03000129378**

JOHNSON'S MINI STORAGE, INC.



**FILED** Jan 18, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1183 BOLANDER AVE. SPRING HILL, FL 34609

STREET ADDRESS CITY-ST-ZIP

1183 BOLANDER AVE. SPRING HILL, FL 34609



01152008

No Chg-P

CR2E034 (11/05)

4. FEI Number 03-0531210

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent					
JOHNSON, JAMES L JR. 1183 BOLANDER AVE. SPRING HILL, FL 34609			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
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000789304 01/22/08-80020-007 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JAMES L III 1183 BOLANDER AVE. SPRING HILL, FL 34609				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, PAULINE A 1183 BOLANDER AVE. SPRING HILL, FL 34609	i			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	to protest as turning			IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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 in