2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000131800

1. Entity Name
TOTAL SECURED DATA STORAGE INC

Principal Place of Business	Mailing Address
1 CORPORATE DRIVE SUITE 2A PALM COAST, FL 32137	1 CORPORATE DRIVE SUITE 2A PALM COAST, FL 32137

DO NOT WRITE IN THIS SPACE

04142005   No Chg-P   CR2E034 (10/03)

4. FEI Number 20-0387524	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PIRES, LUZIA C
50 BURBANK DRIVE
PALM COAST, FL 32137

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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 _____   DATE 4-14-05

Signature, typed or 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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SABINE, STEPHEN
STREET ADDRESS	58 FLEMING COURT
CITY-ST-ZIP	PALM COAST, FL 32137

TITLE	VP
NAME	PIRES, LUZIA C
STREET ADDRESS	50 BURBANK DRIVE
CITY-ST-ZIP	PALM COAST, FL 32137

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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04/16/05-80039-020 150.00

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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: _____   4-14-05   (386) 447-4487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #