

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143963

FILED
Apr 25, 2007
Secretary of State

Entity Name: MINI WAREHOUSE OF FLORIDA, INC.

Current Principal Place of Business:

1801 HERMITAGE BLVD STE 100
TALLAHASSEE, FL 32308

New Principal Place of Business:

1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE, FL 32308

Current Mailing Address:

1801 HERMITAGE BLVD STE 100
TALLAHASSEE, FL 32308

New Mailing Address:

1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE, FL 32308

FEI Number: 20-0508076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENNETT, DOUGLAS W
Address: 1801 HERMITAGE BLVD STE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVAT () Delete
Name: GRAY, LYNNE M
Address: 1801 HERMITAGE BLVD STE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVAS () Delete
Name: SMITH, JEFFREY L
Address: 1801 HERMITAGE BLVD STE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: P () Delete
Name: TOGNARELLI, MAURY R
Address: 191 N. WACKER DRIVE, SUITE 2500
City-St-Zip: CHICAGO, IL 60606

Title: VT () Delete
Name: SMITH, ROGER E
Address: 191 N. WACKER DRIVE, SUITE 2500
City-St-Zip: CHICAGO, IL 60606

Title: VS () Delete
Name: MCCARTHY, THOMAS D
Address: 191 N. WACKER DRIVE, SUITE 2500
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER E. SMITH

VT

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date