

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90042 044 \*\*\*150.00

**50013759**



<b>DOCUMENT # P03000157707</b> 1. Entity Name <b>SPEEDWAY SELF STORAGE, INC.</b>			
Principal Place of Business <b>1255 MASON AVE DAYTONA BEACH, FL 32117</b>		Mailing Address <b>1255 MASON AVE DAYTONA BEACH, FL 32117</b>	
2. Principal Place of Business <b>2393 Bellevue Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>2393 Bellevue</b> Suite, Apt. #, etc.	
City & State <b>Daytona Beach, FL</b> Zip <b>32114</b>		City & State <b>Daytona Beach, FL</b> Zip <b>32114</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-0604035</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>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent  <b>Richard K. Churchman, P.A. Certified Public Accountant 1255 Mason Avenue Daytona Beach, FL 32117</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or Florida; I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><i>Richard K Churchman, P.A.</i></u> <b>RICHARD K. CHURCHMAN, P.A.</b> <u>1-11-05</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</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	PD <b>LYONS, STUART A</b> <b>1255 MASON AVE</b> <b>DAYTONA BEACH, FL 32117</b> <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
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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
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:</b> <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	