2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Aug 03, 2005 8:00 am Secretary of State **DOCUMENT # P04000036522** 08-03-2005 90060 020 ***150.00 SOUTHSIDE SELF-STORAGE, INC. Principal Place of Business Mailing Address 2765 JEFFERSON STREET 3382 PARKRIDGE ROAD 20022231 MARIANNA, FL 32446 MARIANNA, FL 32448 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07032005 CR2E034 (10/03) 144. City & State City & State 4. FEI Number Applied For 20-0793303 Not Applicable Zip Country Zin Country \$8.75 Additional 8. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER, FRANK A Street Address (P.O. Box Number is Not Acceptable) 4431 LAFAYETTE STREET MARIANNA, FL 32446 Clty Zip Code 6. The above named entity sugmits 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 remetating) \$5.00 May Bo FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PD MILE Delate TITLE ■ Addition PETTIS, KENNITH NAME NAME Deceased STREET ADDRESS 3382 PARKRIDGE ROAD STREET ADDRESS CITY-ST-ZIP MARIANNA, FL 32446 CITY-ST-ZIP STD TITLE ☐ Delete TITLE Ρ,Ψ, □ Addition Pettis, Betty J. 3382 Parkhidge Rd PETTIS, BETTY J NAME NAME 3382 PARKRIDGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARIANNA, FL 32446 CITY-ST-ZIP Marianna FL 32446 V,S,M Pettis, Rick (Kenneth R.) 3552 Park 1:65e Rd Navianna FL 32446 Change TITLE ☐ Delete TITLE ■ Addition PETTIS, RICK NAME NAME STREET ADDRESS 3382 PARKRIDGE ROAD STREET ADDRESS CITY-ST-ZIP MARIANNA, FL 32446 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delate TITLE Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE MILE ☐ Change ■ Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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.

FILED