


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90051 013 ***158.75

DOCUMENT # P04000063190					
1. Entity Name STAR STORAGE, INC.					
Principal Place of Business 151 SPORTSMANS ROAD ROTONDA WEST, FL 33947			Mailing Address 151 SPORTSMANS ROAD ROTONDA WEST, FL 33947		
2. Principal Place of Business 3985 South McCall Road Suite, Apt. #, etc. Englewood, Florida City & State 34224 Zip		3. Mailing Address 3985 South McCall Road Suite, Apt. #, etc. Englewood, Florida City & State 34224 Zip			
Country		Country		4. FEI Number 20-1436775	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESTALL, LINDA A 151 SPORTSMANS ROAD ROTONDA WEST, FL 33947			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3985 South McCall Road Englewood, Florida City FL Zip Code 34224		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WESTALL, LINDA A 151 SPORTSMANS ROAD ROTONDA WEST, FL 33947	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3985 South McCall Road Englewood, Florida, 34224	<input checked="" 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.					
SIGNATURE: _____			01/28/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		