
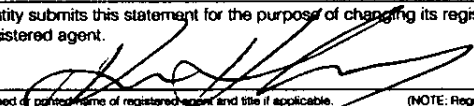
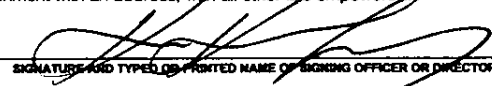


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90035 042 \*\*\*150.00

<b>DOCUMENT # P04000080447</b> 1. Entity Name <b>ACCESSIBLE STORAGE, INC.</b>					
Principal Place of Business <b>1028 E SILVER SPRINGS BLVD OCALA, FL 34470</b>			Mailing Address <b>1028 E SILVER SPRINGS BLVD OCALA, FL 34470</b>		
2. Principal Place of Business - No P.O. Box # <b>4240 SE 53<sup>rd</sup> AVE</b>		3. Mailing Address <b>4240 SE 53<sup>rd</sup> AVE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Ocala FL</b>		City & State <b>Ocala FL</b>		4. FEI Number <b>20-1140238</b>	
Zip <b>34480</b>		Country <b>Marion</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FOSTER, STEVE 4220 SE 53RD AVENUE #D OCALA, FL 34480</b>		7. Name and Address of New Registered Agent Name <b>Keenan Helvey</b> Street Address (P.O. Box Number is Not Acceptable) <b>3185 NE 33<sup>rd</sup> AVE</b> City <b>Ocala</b> <b>FL</b> Zip Code <b>34479</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 of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>4/12/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</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 FOSTER, STEVE 2201 SE 25TH STREET OCALA, FL 34471	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HELVEY, KEENAN 3185 NE 33RD AVENUE OCALA, FL 34479	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE <b>4/11/07</b> 352-867-0165 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					