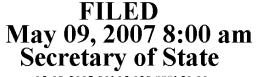
2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P06000028326



| | AMERICA | AMERICAN MINI STORAGE #3 INC. | | | | 03-09-2007 | J0103 03J | 130.00 | |
|-------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------|--------------------------------------------------|--------------------------------|------------------------|-------------------------------|--|
| 6102 TIPPIN AVE PENSACOLA, FL 32504 2. Principal Place of Business - No P.O. Box # 3. Mailing | | | Mailing Address 6102 TIPPIN AVE PENSACOLA, FL 32504 | | | 04282007 Chg-P CR2E034 (12/06) | | | |
| | | | 3. Mailing Address | iling Address | | | | | |
| | | | Suite, Apt. #, etc. | | | | | | |
| City & State | | e | City & State | | 4. FEI Nur | mber 33-113 | 32891 | Applied For Not Applicable | |
| l | Zip | Country | Zip | Country | 5. Certifica | ate of Status Desired | □ \$8.75 Fee Req | Additional uired | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent Name | | | | |
| l | WILLIAMS, JOHN R | | | | Name | | | | |
| 6102 TIPPIN AVE PENSACOLA, FL 32504 | | | | Street | Address (P.O. Box Nur | nber is Not Acceptable | e) | | |
| | • | | | City | - | | FL Zip (| Code | |
| ľ | 8. The above the obligat | named entity submits this statement tions of registered agent. | t for the purpose of changing | its registered office | or registered agent, or | both, in the State of Flo | orida. I am familiar w | ith, and accept | |
| | SIGNATURE | Signature, typed or printed name of registered ag | ent and title if applicable. | VOTE: Registered Agent sig | nature required when reinstating) | | DATE | | |
| | FiL After M | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$55 | 9. Election Cam | paign Financing | \$5.00 May Be Added to Fees | | | | |
| ŀ | 10. | OFFICERS AN | ND DIRECTORS | 11. | ADDITION | IS/CHANGES TO OFF | ICERS AND DIRECT | ORS IN 11 | |
| l | TITLE | D | ☐ Delete | TITLE | T | | ☐ Chan | | |
| ı | NAME | | | NAME | | | | | |
| l | STREET ADDRESS | · | | STREET ADDRESS | 3 | | | | |
| ŀ | CITY-ST-ZIP | PENSACOLA, FL 32504 | | CITY-ST-ZIP | - · · · · · · · · · · · · · · · · · · · | | | | |
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| | NAME | | C Descto | NAME | | | ☐ CHAIR | to Promision | |
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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 it 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP