2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000073530

1. Entity Name

MICHAEL & KENICE SELF STORAGE, INC



FILED Feb 21, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

4202 E MARTIN LUTHER KING JR. BLVD TAMPA, FL 33610 4202 E MARTIN LUTHER KING JR. BLVD TAMPA, FL. 33610



01282008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-5104287

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NWAGBUO, BARTHOLOMEW U 4202 E MARTIN LUTHER KING JR. BLVD TAMPA, FL 33610

DO NOT WRITE IN THIS SPACE

TAMPA, FL 33010			IN THIS SPACE		
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST NWAGBUO, BARTHOLOMEW U 4202 E MARTIN LUTHER KING JR. BLVD TAMPA, FL 33610			U00000834179 02/28/08-80042-009 150.00	
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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					

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/05

8139318270

Daytime Phone #