

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P06000138712

1. Entity Name  
SELF-STORAGE DISPOSAL, INC.



Principal Place of Business  
1011 OMAR ROAD  
WEST PALM BEACH, FL 33405

Mailing Address  
1011 OMAR ROAD  
WEST PALM BEACH, FL 33405

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**



02022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0610175	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

BALLENTINE, JACK  
1011 OMAR ROAD  
WEST PALM BEACH, FL 33405

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000826006  
02/21/08-80034-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LALONDE, DENIS 16420 RUSTIC ROAD WELLINGTONBEACH, FL 33470
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POLLOCK, CHARLOTTE 1011 OMAR ROAD WEST PALM BEACH, FL 33405
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BALLENTINE, JACK 1011 OMAR ROAD WEST PALM BEACH, FL 33405
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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: *Jack L. Ballentine (Jack L. Ballentine)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-08

Date

(561) 601-2200

Daytime Phone #