

2008 FOR PROFIT CORPORATION ANNUAL REPORT

03-07-2008 90029 016 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40040267



02142008 Chg-P CR2E034 (12/08)

DOCUMENT # P07000015350

1. Entity Name
LAFAYETTE COUNTY MINI STORAGE, INC.



Principal Place of Business
**396 SE CR 355
MAYO, FL 32066**

Mailing Address
**P.O. BOX 564
MAYO, FL 32066**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELDRIDGE, DALE W
411 SE TIGER RD.
MAYO, FL 32066

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity hereby certifies 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's signature is required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$5.00
After May 1, 2008 Fee will be \$50.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P S	☐ Delete
NAME	ELDRIDGE, DALE W	
STREET ADDRESS	411 SE TIGER RD.	
CITY-ST-ZIP	MAYO, FL 32066	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: DW Eldridge 3/04/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/21/08