## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P09000053751

Title: Name:

Address: City-St-Zip: MARTIN, JEANNE A 13146 NW GILSON RD

PALM CITY, FL 34990

Entity Name: TROPICAL SELF-STORAGE NORTH, INC.

FILED Jan 26, 2012 Secretary of State

| Current Principal Place of Business:  |  |                             | New Principal Place of Business:   |                                      |
|---|--|-----------------------------|------------------------------------|--------------------------------------|
|   | TH U.S. HWY. #<br>LUCIE, FL 349:                       |                             |                                    |                                      |
| Current Mailing Address:  |  |                             | New Mailing Address:               |                                      |
| 13146 NW (<br>PALM CITY   | GILSON ROAD<br>7, FL 34990                             | 1                           |                                    |                                      |
| FEI Number:   | 27-0412375   | FEI Number Applied For ( )  | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )    |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |  |                             |                                    |                                      |
| 13146 NW PALM CITY  | named entity su  | US                          | ourpose of changing its registered | office or registered agent, or both, |
| in the State  |  |                             |                                    | J J , , ,                            |
| SIGNATUR  | E:   |                             |                                    |                                      |
|   | Electronic   | Signature of Registered Age | ent                                | Date                                 |
| OFFICERS  | AND DIRECT   | ORS:                        |                                    |                                      |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D<br>AULTMAN, CHAR<br>13146 GILSON R<br>PALM CITY, FL  | OAD                         |                                    |                                      |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D<br>AULTMAN, SHIRI<br>13146 NW GILSO<br>PALM CITY, FL | ON ROAD                     |                                    |                                      |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES E AULTMAN D 01/26/2012