2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State
05-08-2008 90026 020 ***150.00

DOCUMENT # P93000063125

1. Entity Name
PONTE VEDRA MINI STORAGE, INC.

Principal Place of Business	Mailing Address
5150 PALM VALLEY RD 200 PONTE VEDRA BEACH, FL 32082	5150 PALM VALLEY RD 200 PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

01172008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3202012
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~ZYSKI, JEROME~~ J
~~12305 ARBOR~~ DR.
~~PONTE VEDRA BEACH, FL 32082~~

Zyski Family Holdings, LLC
24570 Harbour View Dr.
Ponte Vedra Bch, FL 32082

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 _____ 4/29/08
Signature, type 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

10. OFFICERS AND DIRECTORS

TITLE	~~P~~
NAME	ZYSKI, JEROME J
STREET ADDRESS	12305 ARBOR DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL
TITLE	~~V~~
NAME	ROGERS, J R
STREET ADDRESS	8010 WHISPER LAKE LN
CITY-ST-ZIP	PONTE VEDRA BEACH, FL
TITLE	MNGR
NAME	Zyski Family Holdings, LLC
STREET ADDRESS	24570 Harbour View Dr.
CITY-ST-ZIP	PVB, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 4/29/08 (904) 280-3119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #