


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000076024**

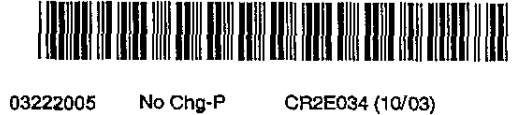
1. Entity Name  
 U-STOR MANDARIN, INC.



Principal Place of Business  
 11201 SAN JOSE BLVD.  
 JACKSONVILLE, FL 32223 US

Mailing Address  
 3060 ALTERNATE 19 N  
 PALM HARBOR, FL 34683 US

**DO NOT WRITE IN THIS SPACE**



4. FEI Number  
**59-3214381** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARQUARDT, EMIL C JR.  
 400 CLEVELAND ST.  
 SUITE 800  
 CLEARWATER, FL 34615

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DENUNZIO, PETER V 3060 ALT 19 N PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PRICE, SAMUEL 3060 ALT 19 N PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JAFFA, JAMES B 3060 ALT 19 N PALM HARBOR, FL 34683
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100000283039  
 04/01/05-80013-001 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Peter V. Denunzio* **PETER V. DENUNZIO, Pres.** 3-23-05 727-181-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #