


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

BILLED JAN 19 2005  
FILED  
Jan 24, 2005 08:00 AM  
Secretary of State

DOCUMENT # P94000062630  
1. Entity Name  
SECURE CARE MINI STORAGE, INC.



Principal Place of Business      Mailing Address  
6331 SOUTH TEX PT      P O BOX 279  
HOMOSSASSA, FL 34448 US      HOMOSSASSA SPRINGS, FL 34447 US

**DO NOT WRITE IN THIS SPACE**



01142005    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-3267626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CORNS, RICHARD A  
6331 SOUTH TEX PT  
HOMOSSASSA, FL 34448

**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: Richard A Corns      RICHARD A CORNS      1-17-05  
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, 2005 Fee will be \$550.00**

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

UN0000190124  
01/24/05-80123-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORNS, RICHARD A 12 MASTIC CT EAST HOMOSSASSA SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNS, RICHARD A #12 MASTIC COURT EAST HOMOSSASSA SPRINGS, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(i), 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: Richard A Corns      RICHARD A CORNS      1-17-05      852-621-1220  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #