


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT .

ENTERED **FILED**  
Apr 23, 2007 08:00 AM  
Secretary of State

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

Principal Place of Business 6331 SOUTH TEX PT HOMOSASSA, FL 34448 US	Mailing Address P O BOX 279 HOMOSASSA SPRINGS, FL 34447 US
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01172007 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  CORN, DAVID G 6331 SOUTH TEX PT HOMOSASSA, FL 34448
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remitting)  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

U000000722339  
05/02/07-80028-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORN, DAVID G 6331 S. TEX PT. HOMOSASSA SPRINGS, FL 34448
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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: David G. Corns 4-18-07 352-621-1220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #