## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P94000067839**

1. Entity Name

BEACH SELF STORAGE, INC.



**FILED** Feb 25, 2005 8:00 am **Secretary of State** 

02-25-2005 90153 011 \*\*\*150.00

Principal Place of Business

9000 BURMA ROAD

SUITE 102

PALM BEACH GARDENS, FL 33403 US

Mailing Address

9000 BURMA ROAD

SUITE 102

PALM BEACH GARDENS, FL 33403



No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0537376

01102005

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINKER, JULES S. 9000 BURMA ROAD SUITE 102

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PALIVIDEA	ACH GARDENS, LE 33403					
	named entity submits this statement for the pur ions of registered agent.	cose of changing its registere	ed office or re	egistered agent, or both, in the	ne State of Florida. I am familiar with	, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it as	plicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	ORS .	I			
NAME STREET ADDRESS CITY-ST-ZIP	PD MINKER, JULES S 9000 BURMA ROAD SUITE 102 PALM BEACH GARDENS, FL 33403				· .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET ADDRESS			*	21		
CITY-ST-ZIP						in
12. I hereby	certify that the information supplied with this filin	g does not qualify for the exe	mption state	d in Section 119.07(3)(i), Flor	ida 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 it made under oath; that i am an officer or director of the corporation or the receiver or trustee empowered to execute this 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:** 

TED NAME OF SIGNING OFFICER OR DIRECTOR

12 Jano5

541-475-5660