


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90133 002 ***150.00

DOCUMENT # P96000033620	
1. Entity Name AMERICA U-STORE IT OF PALATKA, INC.	

Principal Place of Business 2520 REID STREET PALATKA, FL 32177 US	Mailing Address 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118 US
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 45 Seton Trail
--	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State Ormond Beach FL	City & State Ormond Beach FL
--	--

Zip 32176	Country	Zip 32176	Country
---------------------	---------	---------------------	---------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

BHoola, MANOJ 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118	Name Bhoolg, MANOJ
	Street Address (P.O. Box Number is Not Acceptable) 45 Seton Trail
	City Ormond Beach FL

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 **3/27/07**

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P BHoola, MOHAN 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P Bhoolg, Mohan 45 Seton Trail Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP BHoola, MANOJ 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VP Bhoolg, Manoj 45 Seton Trail Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **3/27/07** DAYTIME PHONE # **386 255 2577**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40045549



01172007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3375000	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------