


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000060010 1. Entity Name GULF COAST SELF STORAGE, INC.	
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Principal Place of Business 1310 W 19TH STREET PANAMA CITY, FL 32405 US	Mailing Address P.O. BOX 2526 PANAMA CITY, FL 32402 US
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01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0689527	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

TRAPPE, STAN ESQ.
236 MCKENZIE AVENUE
PANAMA CITY, FL 32401

**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 _____
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: <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000263327 03/14/05-80074-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TRAPPE, CAROLELLA D 3307 HARBOUR PL PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRAPPE, CARLEIGH 3307 HARBOUR PL PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRAPPE, NATHAN 3307 HARBOR PL PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRAPE, TODD 3307 HARBOR PLACE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRAPPE, CARI 3307 HARBOR PLACE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: Carolella D. Trappe, Pres. 3-10-05 850-763-4593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #