


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000060010	
1. Entity Name GULF COAST SELF STORAGE, INC.	

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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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0689527	Applied For <input type="checkbox"/> 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, 2006 Fee will be \$550.00**

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

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, CARL 3307 HARBOR PLACE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000389057
01/20/06-800931-005 150.00

**DO NOT WRITE
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: Carolella D. Trappe, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-06 850 763 4592
Date Daytime Phone #

Carolella D. Trappe, Pres.