2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P96000069808

1. Entity Name
SORENSEN AIR-CONDITIONED SELF STORAGE, INC.

Principal Place of Business	Mailing Address
950 EAU GALLIE BLVD MELBOURNE, FL 32935	950 EAU GALLIE BLVD MELBOURNE, FL 32935

04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3397876
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOYD, JOEL E ESQ.
6767 N. WICKHAM RD., STE. 306
MELBOURNE, FL 32940

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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
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SORENSEN, SCOTT
STREET ADDRESS	950 EAU GALLIE BLVD
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	D
NAME	SORENSEN, JOAN
STREET ADDRESS	950 EAU GALLIE BLVD
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	D
NAME	MOLLEN, JOHN T
STREET ADDRESS	165 MARLBOROUGH RD
CITY-ST-ZIP	SUDBURY, MA 01776
TITLE	D
NAME	MOLLEN, BONNIE J
STREET ADDRESS	165 MARLBOROUGH RD
CITY-ST-ZIP	SUDBURY, MA 01776
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/14/05-80069-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/10/05 321-254-2778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #