


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000069811</b> 1. Entity Name <b>SORENSEN PALM BAY SELF STORAGE, INC.</b>	
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Principal Place of Business <b>950 EAU GALLIE BLVD MELBOURNE, FL 32935</b>	Mailing Address <b>950 EAU GALLIE BLVD MELBOURNE, FL 32935</b>
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03042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3400463</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**BOYD, JOEL E ESQ.  
6767 N. WICKHAM RD., STE. 308  
MELBOURNE, FL 32940**

**DO NOT WRITE IN THIS SPACE**

7. 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 re-issuing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

U00000121795  
04/21/04-80003-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SORENSEN, SCOTT 950 EAU GALLIE BLVD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SORENSEN, JOAN 950 EAU GALLIE BLVD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOLLEN, JOHN 165 MARLBOROUGH RD SUDBURY, MA 01776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOLLEN, BONNIE 165 MARLBOROUGH RD SUDBURY, MA 01776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(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:** Joan H. Sorenson **4-19-04** **321-259-1396**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #