


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000095145 1. Entity Name MINI STORAGE DEPOT, INC.	
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Principal Place of Business 3500 RADIO RD NAPLES, FL 34104 US	Mailing Address 3500 RADIO RD NAPLES, FL 34104 US
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05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3435513	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JONES, WILLIAM L
3500 RADIO ROAD
NAPLES, FL 34104

**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 \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	JONES, WILLIAM L
STREET ADDRESS	3500 RADIO ROAD
CITY - ST - ZIP	NAPLES, FL 34104
TITLE	VD
NAME	JONES, BRIAN E
STREET ADDRESS	3500 RADIO RD
CITY - ST - ZIP	NAPLES, FL 34104
TITLE	VD
NAME	JONES, BARBARA F
STREET ADDRESS	3500 RADIO DR
CITY - ST - ZIP	NAPLES, FL 34104
TITLE	VD
NAME	WILLIAMS, CYNTHIA J
STREET ADDRESS	3500 RADIO DR
CITY - ST - ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**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:

William L Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM L JONES
P1203

Date

Daytime Phone #

239-643-5100