
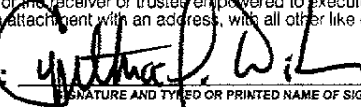


**2006-FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 A
Secretary of State

DOCUMENT # P96000095145 1. Entity Name MINI STORAGE DEPOT, INC.		
Principal Place of Business 3500 RADIO RD NAPLES, FL 34104 US		Mailing Address 3500 RADIO RD NAPLES, FL 34104 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILLIAMS, CYNTHIA 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	VD	
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	PTSD	
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: 		2/27/06 2392893836
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3435513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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03/14/06-80024-007 150.00