


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-23-2007 90019 047 ***150.00

DOCUMENT # P96000101856	
1. Entity Name DANSHER MINI WAREHOUSES, INC.	

Principal Place of Business 1110 NORTH FERDON BLVD. CRESTVIEW, FL 32536 US	Mailing Address 6179 WEST DOGWOOD DRIVE CRESTVIEW, FL 32536
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01062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3416311	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 BOWERS, DANIEL A SR 6179 WEST DOGWOOD DRIVE CRESTVIEW, FL 32536

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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	BOWERS, DANIEL A. SR
NAME	6179 W DOGWOOD DRIVE
STREET ADDRESS	CRESTVIEW, FL 32536
CITY-ST-ZIP	
TITLE VP	BOWERS, SHERRY
NAME	6179 W DOGWOOD DRIVE
STREET ADDRESS	CRESTVIEW, FL 32536
CITY-ST-ZIP	
TITLE S	BIEGALSKI, KELLY
NAME	2930 FOXCROFT DRIVE
STREET ADDRESS	TALLAHASSEE, FL 32308
CITY-ST-ZIP	
TITLE T	BOWERS, DANIEL A. JR
NAME	6156 W DOGWOOD DR
STREET ADDRESS	CRESTVIEW, FL 32536
CITY-ST-ZIP	
TITLE D	BOWERS, STEPANIE D
NAME	6156 W DOGWOOD DRIVE
STREET ADDRESS	CRESTVIEW, FL 32536
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Daniel A. Bowers* 12 Feb 07 850 830 8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

President