

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P97000005618**

1. Entity Name  
**PERSONAL MINI STORAGE DYER, INC.**



Principal Place of Business  
**6327 EDGEWATER DRIVE  
ORLANDO, FL 32810**

Mailing Address  
**6327 EDGEWATER DRIVE  
ORLANDO, FL 32810**



01242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3420244</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SMITH, MARC M.  
6327 EDGEWATER DRIVE  
ORLANDO, FL 32810**

**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 \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

0000000842391  
04/16/08-80040-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	SHADER, RONALD J
STREET ADDRESS	6327 EDGEWATER DRIVE
CITY-ST-ZIP	ORLANDO, FL 32810

TITLE	V
NAME	SHADER, STANLEY J
STREET ADDRESS	6327 EDGEWATER DRIVE
CITY-ST-ZIP	ORLANDO, FL 32810

TITLE	P
NAME	SMITH, MARC M
STREET ADDRESS	6327 EDGEWATER DR
CITY-ST-ZIP	ORLANDO, FL 32810

TITLE	ST
NAME	SMITH, LAURIE S
STREET ADDRESS	6327 EDGEWATER DR
CITY-ST-ZIP	ORLANDO, FL 32810

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 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** X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08

Date

Daytime Phone #