


**2007 FOR PROFIT CORPORATION-
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000011859
1. Entity Name
JACKSON STREET MINI STORAGE, INC.



Principal Place of Business
**3672 JACKSON STREET
PORT ORANGE, FL 32129**

Mailing Address
**3672 JACKSON STREET
PORT ORANGE, FL 32129**



02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3440020 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CORSON, RAYMOND F
3672 JACKSON STREET
PORT ORANGE, FL 32119**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U00000688045
04/10/07 80054-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CORSON, RAYMOND F
STREET ADDRESS	5997 TRAILWOOD DR.
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	T
NAME	CORSON, RENEE M
STREET ADDRESS	5997 TRAILWOOD DR.
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Renee M. Corson **Renee M. Corson** 3/28/07 386-761-3672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #