

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000025428

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: SEFFNER SELF STORAGE - WEST, INC.

**Current Principal Place of Business:**

1472 DR MARTIN LUTHER KING BLVD  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 684  
MANGO, FL 33550

**New Mailing Address:**

FEI Number: 59-3363465

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CREASON, CHERYL  
105 7TH AVENUE  
RUSKIN, FL 33570 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCBRIDE, ARTHUR E  
Address: 29621 BAY HEAD ROAD  
City-St-Zip: DADE CITY, FL 33523

Title: ST ( ) Delete  
Name: MCBRIDE, PATRICIA E  
Address: 3611 PETTICOAT JCT  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MCBRIDE, ARTHUR E  
Address: 29671 BAY HEAD ROAD  
City-St-Zip: DADE CITY, FL 33523

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA E. MCBRIDE

ST

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date