

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91209 039 ***150.00

DOCUMENT # P97000031896					
1. Entity Name BAYONET SELF STORAGE, INC.					
Principal Place of Business 7132 SR 52 BAYONET POINT, FL 34667 US			Mailing Address 7068 PEBBLE BEACH LN LARGO, FL 33777 US		
2. Principal Place of Business			3. Mailing Address 7132 SR 52		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State BAYONET POINT, FL		
Zip		Country		Zip 34667	
Country		Country US		4. FEI Number 59-3443977	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOTTLIEB & GOTTLIEB PA 2475 ENTERPRISE RD STE 100 CLEARWATER, FL 34623				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP S CULBERSON, JOY L 7132 SR 52 BAYONET POINT, FL 34667			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CULBERSON, JAMES B 7068 PEBBLE BEACH LN SEMINOLE, FL 33777			<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MD CULBERSON, JAMES B 7132 SR 52 BAYONET POINT, FL 34667			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date			Daytime Phone #		