

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90188 042 ***150.00

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1. Entity Name
BUCKEYE MINI-STORAGE, INC.



Principal Place of Business
**1155 PROVIDENCE ROAD
BRANDON, FL 33511**

Mailing Address
**1155 PROVIDENCE ROAD
BRANDON, FL 33511**

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3458061

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEBRE, HAROLD J
4001 TAMiami TrL N., STE. 300
NAPLES, FL 34103**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YOCOM, BEJAMIN C JR.
STREET ADDRESS	4855 10TH AVENUE AW
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	PVST.
NAME	YOCOM, BEJAMIN C JR.
STREET ADDRESS	4855 10TH AVENUE SW
CITY-ST-ZIP	NAPLES, FL 34116
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 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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Benjamin C. Yocom Jr. **Benjamin C. Yocom JR.** 6/30/04 239-289-4936