

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000065245

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: NORTH NAPLES STORAGE, INC.

## Current Principal Place of Business:

ATTN: GORDON SUNDIN  
15600 OLD 41  
NAPLES, FL 34110

## New Principal Place of Business:

## Current Mailing Address:

C/O SCOTT CLOVER  
2575 N.FAIRVIEW AVENUE #250  
ROSEVILLE, MN 55113

## New Mailing Address:

3936 TAMIAMI TRAIL NORTH  
SUITE B  
NAPLES, FL 34103

FEI Number: 58-2348519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VOGEL, JAMES D  
3936 TAMIAMI TRL., N.  
NAPLES, FL 34103 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: DPT ( ) Delete  
Name: REILING, WILLIAM S  
Address: 2265 COMO AVE.  
City-St-Zip: ST. PAUL, MN 55108

Title: DVS ( ) Delete  
Name: COMMERS, DANIEL  
Address: 2265 COMO AVE.  
City-St-Zip: ST. PAUL, MN 55108

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM S. REILING

DPT

04/30/2004

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

\_\_\_\_\_  
Date