

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000065245

FILED
Mar 25, 2008
Secretary of State

Entity Name: NORTH NAPLES STORAGE, INC.

Current Principal Place of Business:

15600 OLD 41
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

3936 TAMIAMI TRAIL NORTH
SUITE B
NAPLES, FL 34103

New Mailing Address:

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: DPT (X) Change () Addition
Name: REILING, WILLIAM S
Address: 200 UNIVERSITY AVENUE WEST, SUITE 200
City-St-Zip: ST. PAUL, MN 55103

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: WILLIAM S. REILING

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03/25/2008

Electronic Signature of Signing Officer or Director

_____ Date