

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000070481

1. Entity Name
MASTERKEY STORAGE OF DUNEDIN, INC.



Principal Place of Business

1351 HEATHER RIDGE BLVD
DUNEDIN, FL 34698

Mailing Address

1351 HEATHER RIDGE BLVD
DUNEDIN, FL 34698



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3463742

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALTOBELLI, JOAN KIMPTON
1351 HEATHER RIDGE BLVD
DUNEDIN, FL 34698

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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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME GRAMMATICO, J.B.
STREET ADDRESS 2580 ELLSWORTH ROAD WEST
CITY-ST-ZIP ANN ARBOR, MI 48108

TITLE DVS
NAME KIMPTON, WILLIAM J
STREET ADDRESS 28059 US HWY 19 NO #100
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE DVT
NAME KIMPTON, JOAN S
STREET ADDRESS 470 HICKORY NUT
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

100000232593
02/17/05-80008-013 150.00

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:

Joan Kimpton JOAN KIMPTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PARTNER/MANAGER
2-14-05

Date

727 7850047

Daytime Phone #