

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000104415

1. Entity Name
SELF STORAGE OF JUPITER, INC.



Principal Place of Business
9000 BURMA ROAD
SUITE 102
PALM BEACH GARDENS, FL 33403

Mailing Address
9000 BURMA ROAD
SUITE 102
PALM BEACH GARDENS, FL 33403

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90153 012 ***150.00



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0817777

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MINKER, JULES S
9000 BURMA ROAD
SUITE 102
PALM BEACH GARDENS, FL 33403

**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, 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	D
NAME	MINKER, JULES S
STREET ADDRESS	9000 BURMA ROAD STE 102
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33403
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Jan. 05 561-775-3660

Date

Daytime Phone #