

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90268 008 \*\*\*158.75

DOCUMENT # P98000024141

1. Entity Name  
NATIONSTORAGE R.E.I.T. I, INC.



Principal Place of Business  
812 NW 1ST ST.  
FORT LAUDERDALE, FL 33311

Mailing Address  
812 NW 1ST ST.  
FORT LAUDERDALE, FL 33311

14010243



**DO NOT WRITE IN THIS SPACE**

04272005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0819466

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DAMERAN, DAVID F  
812 NW 1ST  
FORT LAUDERDALE, FL 33311

**CHANGE TYPO**  
**DAMERAY 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: DAVID F. DAMERAY *[Signature]* 4/29/05  
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 DAMERAY, DAVID F  
STREET ADDRESS 2401 NE 37TH ST  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308  
*✓ DELETE CHANGE*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

**10 PTS**  
**✓ CHANGE**  
**DAMERAY, DAVID F.**  
**812 NW 1ST ST.**  
**FORT LAUDERDALE, FL**  
**33311**

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05 (954) 525-1032  
Date Daytime Phone #