

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000035589

1. Entity Name
OAKS MINI STORAGE OF ENGLEWOOD, INC.



Principal Place of Business
**1985 WYOMING AVENUE
ENGLEWOOD, FL 34224**

Mailing Address
**1985 WYOMING AVENUE
ENGLEWOOD, FL 34224**



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0843514

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHWORM, EARL F
1985 WYOMING AVENUE
ENGLEWOOD, FL 34224**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHWORM, EARL F
STREET ADDRESS	BOX 519
CITY- ST- ZIP	PLACIDA, FL 33946
TITLE	V
NAME	SCHWORM, MICHAEL
STREET ADDRESS	1985 WYOMING AVE
CITY- ST- ZIP	ENGLEWOOD, FL 34224
TITLE	S
NAME	SCHWORM, LAVOHN M
STREET ADDRESS	BOX 519
CITY- ST- ZIP	PLACIDA, FL 33946
TITLE	T
NAME	SCHWORM, KATHY
STREET ADDRESS	1985 WYOMING AVE
CITY- ST- ZIP	ENGLEWOOD, FL 34224
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000101431
04/02/04-80013-006 150.00

**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)(f), 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

3-31-04

Date

941-697-7070

Daytime Phone #