

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000043296 1. Entity Name ANY KIND OF STORAGE, INC.	
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Principal Place of Business 17342 SHADYHILLS ROAD SHADYHILLS, FL 34610	Mailing Address P.O. BOX 11088 SHADYHILLS, FL 34610
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03092006 No Chg-P CR2E034 (11/05)

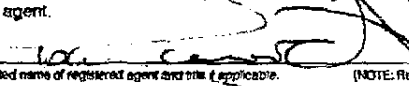
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3159224	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent PAVLIK, LISA A P.O. BOX 11088 SHADYHILLS, FL 34610
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**DO NOT WRITE
IN THIS SPACE**

9. 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  **3/13/06**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning) date

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

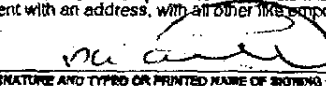
8. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAVLIK, LISA A P.O. BOX 11088 SHADYHILLS, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAVLIK, LISA P.O. BOX 11088 SPRING HILL, FL 34610
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	

**U00000470515
03/28/06-80017-004 150.00**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

SIGNATURE:  **3/13/06** **727-856-564**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if