## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: William Donnelly SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 29, 2005 08:00 AN Secretary of State

04/27/05

(727)869-81

1. Entity Nam	MENT # P98000092 SELF STORAGE, INC.	004			
9240 TARA	e of Business  DRIVE RICHEY, FL 34654	Mailing Address 9240 TARA DRIVE NEW PORT RICHEY, FL 34654			
E	OO NOT WRITE	IN THIS SPA	CE	04272005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For 59-3543657 Not Applied For Not Applied For Pequired Fee Required Fee Required	r
9249 TAR NEW PT F	RICHEY, FL 34654			DO NOT WRITE IN THIS SPACE	
8. The above named antity 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 life if applicable.  NOTE. Registered Agent signature required when refersible with a reference agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the state of Florida.  SIGNATURE  SIGN					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNELLY, WILLIAM 9240 TARA DRIVE NEW PORT RICHEY, FL 34654			- UN0000343174 - 04/29/05-80085-007 150.00	)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW FORT MOTIET, TE 04004				
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NAME STREET ADDRESS CITY-ST-ZIP	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			IN THIS SPACE	
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NAME STREET ADDRESS CITY-ST-ZIP	144	hie filing does the quality for the ex-	popular stated in G	Santon 110 07(3Vi) Florida Statutge   Further partitu that the information	
indicated of the co	on this report or supplemental report is	rue and accurate and that my sign: vered to execute this report as requ	ature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the informal e same legal effect as if made under oath, that I am an officer or dire- 07, Florida Statutes, and that my name appears in Block 10 or Block	