## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: William W. Donnelly SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DIFFICER OR DIRECTOR

## FILED May 03, 2006 08:00 AM Secretary of State

05-01-06

(727) 992-4458 Onytime Phone #

1. Entity Nam	MENT # P9800009200 SELF STORAGE, INC.	· · ·					
Principal Plac 9240 TARA I NEW PORT R	DRIVE	failing Address 240 TARA DRIVE VEW PORT RICHEY, FL 34654		L (CERTIFICATION)	וואס ונופס ווואס ושואר וו	י משני שועם מוושם מוושם מעני במשני שועם ש	
DO NOT WRITE IN THIS SPACE				04292006 4. FEI Numb 59-354	04292006 No Chg-P CR2E034 (11/05)  4. FEI Number   Applied For   59-3543657   INM Applicable  5. Certificate of Status Desired   \$8.75 Additional   Fee Required		
6. Name and Address of Current Registered Agent  DONNELLY, WILLIAM  9249 TARA DR  NEW PT RICHEY, FL 34654				DO NOT WRITE IN THIS SPACE			
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)  DATE							
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			ncing \$	5.00 May Be idded to Fees			
TITLE NAME SIREET ADDRESS CITY-ST-IP	D DONNELLY, WILLIAM 9240 TARA DRIVE NEW PORT RICHEY, FL 34654	CTORS			UOUDŪL	0560514	
TITLE NAME STREET ADDRESS CITY-ST-21P					85/18/06·	-80041-024 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
NAME STREET ADDRESS CITY-ST-ZIP				1N	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplied 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.							