

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000033629

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: TAVERNIER MINI STORAGE INC.

## Current Principal Place of Business:

300 ATLANTIC DR  
STE 10  
KEY LARGO, FL 33037

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 3006  
KEY LARGO, FL 33037

## New Mailing Address:

FEI Number: 65-0915236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANTE, CHRIS  
300 ATLANTIC DR  
STE 10  
KEY LARGO, FL 33037 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: SANTE, CHRIS  
Address: PO BOX 3006  
City-St-Zip: KEY LARGO, FL 33037

Title: VS ( ) Delete  
Name: SANTE, PAM  
Address: PO BOX 3006  
City-St-Zip: KEY LARGO, FL 33037

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: SANTE, CHRIS  
Address: 300 ATLANTIC DR  
City-St-Zip: KEY LARGO, FL 33037

Title: VS (X) Change ( ) Addition  
Name: SANTE, PAM  
Address: 300 ATLANTIC DR  
City-St-Zip: KEY LARGO, FL 33037

Title: TD ( ) Change (X) Addition  
Name: STANLEY, MICHAEL  
Address: 300 ATLANTIC DR  
City-St-Zip: KEY LARGO, FL 33037

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS SANTE

DPT

04/29/2009

Electronic Signature of Signing Officer or Director

Date