

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90572 036 ***150.00

DOCUMENT # P99000051610 1. Entity Name TOTALLY STORAGE, INC.			
Principal Place of Business 37 SKYLINE DRIVE, SUITE 3104 LAKE MARY, FL 32746		Mailing Address 37 SKYLINE DRIVE, SUITE 3104 LAKE MARY, FL 32746	
2. Principal Place of Business 45 SKYLINE DR. Suite, Apt. #, etc. SUITE 1017 City & State LAKE MARY, FL Zip Country 32746 USA		3. Mailing Address 45 SKYLINE DR. Suite, Apt. #, etc. SUITE 1017 City & State LAKE MARY, FL Zip Country 32746	
4. FEI Number 59-3581323		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGAT, M. GEOFFREY 201 SHELL POINT EAST MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name LEGAT, M. GEOFFREY Street Address (P.O. Box Number is Not Acceptable) 45 SKYLINE DR. #1017 City LAKE MARY FL Zip Code 32746	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEGAT, M. GEOFFREY 201 SHELL POINT EAST MAITLAND, FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEGAT, M. GEOFFREY 45 SKYLINE DR. #1017 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUCKER, KATHY R 778 SILVER CLOUD CIR 106 LAKE MARY, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		4/25/05 407/472-6000 <small>Date Daytime Phone #</small>	