

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90032 016 \*\*\*150.00

**DOCUMENT # S07980**

1. Entity Name  
**JOHN'S MINI STORAGE, INC.**



Principal Place of Business  
**861 N. MILITARY TRAIL  
WEST PALM BEACH, FL 33435**

Mailing Address  
**861 N. MILITARY TRAIL  
WEST PALM BEACH, FL 33435**



03042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0228529**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional**  
Fee Required

6. Name and Address of Current Registered Agent

**KARACHALIAS, IOANNIS  
861-C N. MILITARY TRAIL  
WEST PALM BEACH, FL 33435**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KARACHALIAS, IOANNIS
STREET ADDRESS	861-C N. MILITARY TRAIL
CITY - ST - ZIP	WEST PALM BEACH, FL 33435
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	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Da:ime Phone #

**3-15-05**