


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

04-17-2006 90402 031 ***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**

66017909



2. Principal Place of Business: **861 N Military Trail**
 Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

05182006 Chg-P CR2E034 (11/05)

City & State: **W. P. B.**

4. FEI Number: **65-0228529**
 Applied For: Not Applicable

Zip: **33435** Country: **U.S.A.**

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

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: *Karachalias* DATE: MAY 18
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KARACHALIAS, IOANNIS	
STREET ADDRESS	861-C N. MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH, FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIKOLAOS KARACHALIAS	
STREET ADDRESS	VP	
CITY-ST-ZIP	256 Iris Dr. Jupiter FL 33458	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP	
STREET ADDRESS	EFstratios KARACHALIAS	
CITY-ST-ZIP	1855 Plunkett St # 403 Hollywood FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Karachalias* **May 18** **561-687-4897**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

