


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # S15968 1. Entity Name TOWER MINI STORAGE, INC.	
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Principal Place of Business SUE G HENDERSON 1479 BAY POINT DRIVE SARASOTA, FL 34236	Mailing Address 1479 BAY POINT DRIVE SARASOTA, FL 34236
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DO NOT WRITE IN THIS SPACE



03202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3048297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COOK, JOHN F.
330 SOUTH ORANGE AVE.
SARASOTA, FL 34236

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000111742
04/13/04-80032-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HENDERSON, SUSANNE G. 1479 BAY POINT DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENDERSON, JAMES D. 730 RELLIM LANE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENDERSON, DAVID P. 1479 BAY POINT DR SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENDERSON, MICHELLE 730 RELLIM LANE SARASOTA, FL
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: Susanne G Henderson Susanne G Henderson 4/8/04 9413664633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #