2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 8:00 am Secretary of State 04-20-2005 90309 017 ***150.00

1. Entity Name TOWER MINI STORAGE, INC.									V4	20-2005	90309	91 / ****	150).00
Principal Place of Business N				Mailing Address										
SUE G HENDERSON				1479 BAY POINT DRIVE				0000024						
1479 BAY POINT DRIVE SARASOTA, FL 34236				SARASOTA, FL 34236			20039036							
JAIMJUFA, I	L 34230													
2. Principal Place of Business 1479 BM TOINT DELVE				3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04132005	Chg	-P	CR2E0	34 (10/03	3)	
City & State SACASOTA FL			City & State					4. FEI Numb 59-304				\vdash		ed For Applicable
Zip	42.36 Country		Z	Zip Cour				5. Certificate	i	Desired		\$8.75 A	dditie	
J 12-3		and Address of Current	Regist	ered Agent		7. € aga.c.		-7. Name and	Address	of New Re		Fee Requ	rea	 -
						Name			i	0111011110	giotorour	·gon-		
COOK, JOHN F.					Stroot Addro			s (P.O. Box Number is Not Acceptable)						
330 SOUTH ORANGE AVE. SARASOTA, FL 34236						Slieel AC	101855 (1		EI IS NOL A	(ссеріаріе)				
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. » (d).						City					FL	Zip C		
		ty submits this statement fo stered agent.	r the po	urpose of changing its	registere	ed office or	register	ed agent, or bo	th, in the	State of Flori	da. I am i	amiliar wi	h, ar	d accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													— · ·	
FILI After Ma	E NOWIII	FEE IS \$150.00 5 Fee will be \$550.0	9. Election Campa Trust Fund Cont		ncing	\$5. Add	00 May Be ed to Fees				-		, · · t	
10.		OFFICERS AND	DIREC	TORS	11.			ADDITIONS	/CHANGE	S TO OFFIC	ERS AND	DIRECTO	PRS 1	N 11
TITLE	SD SUCANNE O			Delete	THILE	1						Chang	e	Addition
NAME STREET ADDRESS	HENDERSON, SUSANNE G. 1479 BAY POINT DR			NAME STREI						1				
CITY-SI-ZIP	SARASOTA, FL					- S1 - ZIP								
TITLE	D			☐ Đelete	:						☐ Chang	e	Addition	
NAME	HENDERSON, JAMES D.			MAN						1				
STREET ADDRESS CITY-ST-ZIP	730 RELLIM LANE SARASOTA, FL					ET ADDRESS •St-Zip								
TITLE	D	TA, I L		☐ Delete	TITLE					1		☐ Chang		☐ Addition
NAME	_	SON, DAVID P.		- Delete	- NAM							- cuald		AUGIDUM
STREET ADDRESS		Y POINT DR				ET ADDRESS				}				
CITY-ST-ZIP	SARASO	TA, FL				-ST-ZIP				<u> </u>				_
NAME	D HENDER	SON, MICHELLE		☐ Delete	TITLE	1						☐ Chang	е	Addition
STREET ADDRESS		LIM LANE				ET ADDRESS								
CITY-ST-ZIP	SARASO	TA, FL			CITY	-ST-ZIP								
TITLE				Delete	TITLE	1						Chang	е	Addition
NAME STREET ADDRESS				4	NAM. STRE	ET ADORESS								
CITY-ST-ZIP						-ST-ZIP								_
TITLE				☐ Delete	TITLE	1						☐ Chang	e	Addition
NAME STREET ADDRESS					NAM STRE	E ADDRESS								
CITY-ST-ZIP				• •		-ST-ZIP								
12. Thereby o	certify that th	ne information supplied with	this fili	ing does not qualify fo	r the exe	mption state	ed in Se	ction 119.07(3)	(i), Florida	Statutes. I f	urther cer	tify that the	e infa	rmation
indicated of the cor	on this repo poration or	ort or supplemental report is the receiver or trustee emport tachment with an address,	s true a owered	nd accurate and that r to execute this report	my signal as requi	ture shall ha	ave the :	same legal effe	ct as if ma	de¦under oa	ith; that I a	am an offic	er or	director
SIGNATURE: SIGNATURE: SIGNATURE Date Description of Printed Name of Signing Officer or Director Date Date Descriptions (*)														
		SIGNAPOR PARTY I THEO OF F	-run (ED	NAME OF DIGHTING OFFICER	OH DINECT				Date			ayume +mone	*	