

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90095 046 ***150.00

DOCUMENT # S15968
 1. Entity Name
 TOWER MINI STORAGE, INC.



401000-



Principal Place of Business
 1479 BAY POINT DRIVE
 SARASOTA, FL 34236

Mailing Address
 1479 BAY POINT DRIVE
 SARASOTA, FL 34236

2. Principal Place of Business - No P.O. Box #
 757 Apex Rd.

3. Mailing Address
 757 Apex Rd.

Suite, Apt. #, etc.

04092007 Chg-P CR2E034 (12/06)

City & State
 Sarasota, FL

City & State
 Sarasota, FL

4. FEI Number
 59-3048297

Applied For
 Not Applicable

Zip
 34240

Country

Zip
 34240

Country

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

6. Name and Address of Current Registered Agent

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

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 _____
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
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON, JAMES D.	
STREET ADDRESS	730 RELLIM LANE	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON, DAVID P.	
STREET ADDRESS	1479 BAY POINT DR	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON, MICHELLE	
STREET ADDRESS	730 RELLIM LANE	
CITY-ST-ZIP	SARASOTA, FL	
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 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		
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: James D. Henderson JAMES D. HENDERSON 4-6-07 941-909-0302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #