


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90089 048 ***150.00

DOCUMENT # S41816	
1. Entity Name KNIGHT STORAGE TRAILER, INC.	

Principal Place of Business 8350 S.E. 3RD COURT OCALA FL 34480 US	Mailing Address 8350 S.E. 3RD COURT OCALA FL 34480 US
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2. Principal Place of Business - No P.O. Box # 8350 S.E. 3rd Court	3. Mailing Address P.O. Box 4632
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State Ocala, FL	City & State Ocala, FL
Zip 34480	Country Marion
Zip 34478	Country Marion

4. FEI Number 59-3056962	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KNIGHT, JACK 8350 SE 3RD CT. OCALA FL 34480

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 Jack Knight President Jack Knight 1-29-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME KNIGHT, JACK	
STREET ADDRESS 8350 S.E. 3RD COURT	
CITY - ST - ZIP OCALA FL 34480	
TITLE VPD	<input type="checkbox"/> Delete
NAME KNIGHT, HARRIET	
STREET ADDRESS 8350 S.E. 3RD COURT	
CITY - ST - ZIP OCALA FL 34480	
TITLE STD	<input type="checkbox"/> Delete
NAME GOODELLE, ELAINE	
STREET ADDRESS 8350 S.E. 3RD COURT	
CITY - ST - ZIP OCALA FL 34480	
TITLE D	<input type="checkbox"/> Delete
NAME KNIGHT, MARK	
STREET ADDRESS 5150 10TH AVE NORTH - UNIT #101	
CITY - ST - ZIP ST. PETERSBURG FL 33710	
TITLE D	<input type="checkbox"/> Delete
NAME ANDREWS, DANA	
STREET ADDRESS 8335 S. MAGNOLIA AVE.	
CITY - ST - ZIP OCALA FL 34476	
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 Section 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: Elaine Goodelle 1-29-07 352-854-0589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #