

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S41816

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: KNIGHT STORAGE TRAILER, INC.

## Current Principal Place of Business:

8350 S.E. 3RD COURT  
OCALA, FL 34480 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 4632  
OCALA, FL 34478 US

## New Mailing Address:

FEI Number: 59-3056962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KNIGHT, JACK  
8350 SE 3RD CT.  
OCALA, FL 34480 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KNIGHT, JACK  
Address: 8350 S.E. 3RD COURT  
City-St-Zip: OCALA, FL 34480

Title: VPD ( ) Delete  
Name: KNIGHT, HARRIET  
Address: 8350 S.E. 3RD COURT  
City-St-Zip: OCALA, FL 34480

Title: STD ( ) Delete  
Name: GOODELLE, ELAINE  
Address: 10085 SE 41ST AVE  
City-St-Zip: BELLEVIEW, FL 34420

Title: D ( ) Delete  
Name: KNIGHT, MARK  
Address: 5150 10TH AVE NORTH - UNIT #101  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: D ( ) Delete  
Name: ANDREWS, DANA  
Address: 8335 S. MAGNOLIA AVE.  
City-St-Zip: OCALA, FL 34476

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE GOODELLE

STD

02/05/2009

Electronic Signature of Signing Officer or Director

Date