

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000044212

Entity Name: I-4 MINI STORAGE, INC.

FILED  
Apr 16, 2007  
Secretary of State

**Current Principal Place of Business:**

329 KIMBERLY CT.  
SANFORD, FL 32771

**New Principal Place of Business:**

222 HICKMAN DR  
SANFORD, FL 32771

**Current Mailing Address:**

329 KIMBERLY CT.  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 59-3448913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RHEA, JOHN  
1453 CANAL POINT RD  
LONGWOOD, FL 32750 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: D ( ) Delete  
Name: RHEA, JOHN  
Address: 1453 CANAL POINT RD  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: RHEA, BRUCE A  
Address: 329 KIMBERLY CT.  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: BRUCE A RHEA

VP

04/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date