2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J12890

1. Entity Name

SANIBEL RENTAL SERVICE, INCORPORATED



FILED Apr 22, 2004 8:00 am Secretary of State

Principal Place of Business

2246 PERIWINKLE WAY SANIBEL, FL 33957

Mailing Address

2246 PERIWINKLE WAY SANIBEL, FL 33957



03242004

No Chg-P

CR2E034 (10/03)

FEI Number
 59-2327076

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

RANDY S. FABER 6973 KIMBERLY TER FT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its regis	stered office or r	egistered agent, or both, in the S	State of Florida. I am familiar with, and acce	pt
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Regi	istered Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign F Trust Fund Contributi		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS			<u> </u>		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANDY, FABER S. 6973 KIMBERLY TERRACE FT. MYERS, FL					
TITLE NAME STREET ADDRESS - CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04

235-472,577

Daytime Phone #