

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 578373

1. Entity Name
T.H.G. RENTALS & SALES OF CLEARWATER, INC.



Principal Place of Business
3445 E. BAY DRIVE
LARGO, FL 33771

Mailing Address
3445 E. BAY DRIVE
LARGO, FL 33771 US



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1836106

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLCOMBE, JOHN W
19941 GULF BLVD UNIT D
INDIAN ROCKS BEACH, FL 33785

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HOLCOMBE, JOHN W
19941 GULF BLVD UNIT D
INDIAN ROCKS BEACH, FL 33785

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
HOLCOMBE, MARIE B
19941 GULF BLVD UNIT D
INDIAN ROCKS BEACH, FL 33785

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HAWKINS, MARY L
ONE 19TH AVE UNIT III
INDIAN ROCKS BEACH, FL 33785

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000269651
03/19/05-80020-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/05

Date

727-536-5923

Daytime Phone #