2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM Secretary of State

	MEN1 # 91/90/				•	
1. Entity Name SIESTA MR. C.B.'S RENTALS, INC.						
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Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		-	
1249 STICKNEY POINT ROAD 1249 STICKNEY POINT ROAD SARASOTA, FL 34242 SARASOTA, FL 34242						
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	A KIOT MINITE	NITUIO COA	^E	01242005 No Chg-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE			UE.	4. FEI Number 50 4607552	Applied For	
				59-1697553	Not Applicable \$8.75 Additional	
	6. Name and Address of Current Reg	letered Agent		5. Certificate of Status Desired	Fee Required	
		Interes Adella				
	EDA HUŅT KNEY POINT ROAD		DO NOT WRITE			
SARASOTA, FL 34242				IN THIS SPACE		
	T			nt ring of r		
8. The above	named entity submits this statement for the	purpose of changing its register	ed office or register	red agent, or both, in the State of Florid	da. I am familiar with, and accept	
-	ilona di registereo agerit,				į	
SIGNATURE	Signature, typed or printed name of registered agent and t	tie f applicable. (NOTE, Registere	ed Agent signature required	d when reinstating)	DATE	
F{L After M	E NOW!!! FEE IS \$150.00 my 1, 2005 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees		
10.	OFFICERS AND DIF	ECTORS		en e	* ^	
title Name	DP TUSH, ALEDIA HUNT			1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200001	
STREET ADDRESS CITY-ST-ZIP	1249 STICKNEY PT. ROAD			04/18/05-8	712688 0088-008 150.00	
TITLE	SARASOTA FL,			to constitute at the		
NAME OFFICE ADDRESS						
STREET ADDRESS CTTY-ST-ZIP						
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CITY-ST-ZIP				DO NOT WI	- TILE	
TITLE NAME			1	IN THIS SP	ACE	
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NAME			1			
STREET ADDRESS CITY-ST-ZIP						
	certify that the information supplied with the	s filing does not qualify for the exe	emption stated in Se	ection 119.07(3)(1), Florida Statutes I fo	urther certify that the information	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 arri an officer or director of the corporation or the receiver or trustee empowered by 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.						
	(landial	A to the distance of	6 V.	4/15/05	(941) 349-44	
SIGNATURE: Weldia Junt Just, Tres.						