2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 822592

1. Entity Name
AARON RENTS INC.

Principal Place of Business	Mailing Address
309 E. PACES FERRY RD. N.E. ATLANTA, GA 30305-2377 US	309 E. PACES FERRY RD. N.E. ATLANTA, GA 30305-2377 US

DO NOT WRITE IN THIS SPACE

04212008 No Chg-P CR2E034 (11/05)

4. FEI Number
58-0687630
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2008 Fee will be $550.00

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

U00000947697
05/02/08-80025-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALLEN, RON
STREET ADDRESS	3424 PEACHTREE ST NE, #1745
CITY-ST-ZIP	ATLANTA, GA 30326
TITLE	D
NAME	BENATAR, LEO
STREET ADDRESS	3455 PEACHTREE RD NE, #1600
CITY-ST-ZIP	ATLANTA, GA 30326
TITLE	D
NAME	DANIELSON, GILBERT L
STREET ADDRESS	309 E PACES FERRY RD NE, #1100
CITY-ST-ZIP	ATLANTA, GA 30305
TITLE	D
NAME	DOLIVE, EARL
STREET ADDRESS	2999 CIRCLE 75 PARKWAY
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	D
NAME	KOLB, DAVID L
STREET ADDRESS	247 MOUNT PARAN ROAD
CITY-ST-ZIP	ATLANTA, GA 30327
TITLE	P
NAME	LOUDERMILK, ROBERT C JR
STREET ADDRESS	309 E PACES FERRY RD
CITY-ST-ZIP	ATLANTA, GA 30305

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Robert P. Sinclair, Jr. 4-24-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #