

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822592

FILED
Apr 09, 2009
Secretary of State

Entity Name: AARON RENTS INC.

Current Principal Place of Business:

309 E. PACES FERRY RD. N.E.
ATLANTA, GA 303052377 US

New Principal Place of Business:

Current Mailing Address:

309 E. PACES FERRY RD. N.E.
ATLANTA, GA 303052377 US

New Mailing Address:

FEI Number: 58-0687630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: ALLEN, RON
Address: 3424 PEACHTREE ST NE, #1745
City-St-Zip: ATLANTA, GA 30326

Title: D () Delete
Name: BENATAR, LEO
Address: 3455 PEACHTREE RD NE, #1600
City-St-Zip: ATLANTA, GA 30326

Title: D () Delete
Name: DANIELSON, GILBERT L
Address: 309 E PACES FERRY RD NE, #1100
City-St-Zip: ATLANTA, GA 30305

Title: D () Delete
Name: DOLIVE, EARL
Address: 2999 CIRCLE 75 PARKWAY
City-St-Zip: ATLANTA, GA 30339

Title: D () Delete
Name: KOLB, DAVID L
Address: 247 MOUNT PARAN ROAD
City-St-Zip: ATLANTA, GA 30327

Title: P () Delete
Name: LOUDERMILK, ROBERT C JR
Address: 309 E PACES FERRY RD
City-St-Zip: ATLANTA, GA 30305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LOUDERMILK, ROBERT C JR.
Address: 309 E PACES FERRY RD
City-St-Zip: ATLANTA, GA 30305

Title: SEC (X) Change () Addition
Name: CATES, JAMES L
Address: 309 E PACES FERRY RD
City-St-Zip: ATLANTA, GA 30305

Title: VP (X) Change () Addition
Name: DANIELSON, GILBERT L
Address: 309 E PACES FERRY RD NE, #1100
City-St-Zip: ATLANTA, GA 30305

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SINCLAIR, ROBERT P JR
Address: 1015 COBB PLACE BLVD
City-St-Zip: KENNESAW, GA 30144

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT P SINCLAIR, JR

VP

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date