

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # F01000006165

**1. Entity Name
THE HOME RENTAL COMPANY**



**Principal Place of Business
3909 SUNBEAM ROAD
JACKSONVILLE, FL 32257**

**Mailing Address
3909 SUNBEAM ROAD
JACKSONVILLE, FL 32257**



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
06-0701148**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**KALE, KAVIN
3909 SUNBEAM ROAD
JACKSONVILLE, FL 32257**

**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 PD
NAME GREENE, ELIZABETH
STREET ADDRESS 7 ISLAND ESTATES
CITY-ST-ZIP PALM COAST, FL 32137**

**TITLE D
NAME GREENE, JAMES
STREET ADDRESS 7 ISLAND ESTATES PKWY.
CITY-ST-ZIP PALM COAST, FL 32137**

**TITLE S
NAME KALE, KEVIN
STREET ADDRESS 29 CLOERIDGE COURT
CITY-ST-ZIP PALM COAST, FL 32137**

**TITLE TD
NAME REILLY, KATHLEEN
STREET ADDRESS 31 CHESTNUT HILL ROAD
CITY-ST-ZIP COLCHESTER, CT 06051**

**TITLE D
NAME REILLY, KEVIN
STREET ADDRESS 2 CUTE COURT
CITY-ST-ZIP PALM COAST, FL 32137**

**TITLE D
NAME KALE, TAMI
STREET ADDRESS 29 COLERIDGE COURT
CITY-ST-ZIP PALM COAST, FL 32137**

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02/04/05-80037-004 150.00

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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: Kevin Kale Secretary 1/31/05 (386) 566-6258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #