

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 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
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01192006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-0701148	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KALE, KAVIN 3909 SUNBEAM ROAD JACKSONVILLE, FL 32257
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**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, 2006 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	PD GREENE, ELIZABETH 7 ISLAND ESTATES PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, JAMES 7 ISLAND ESTATES PKWY. PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KALE, KEVIN 29 CLOERIDGE COURT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REILLY, KATHLEEN 31 CHESTNUT HILL ROAD COLCHESTER, CT 06051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILLY, KEVIN 2 CUTE COURT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALE, TAMI 29 COLERIDGE COURT PALM COAST, FL 32137

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02/02/06-80011-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Kevin Kale Secretary 1/20/06 (904) 733-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #