

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006165

FILED
Feb 05, 2009
Secretary of State

Entity Name: THE HOME RENTAL COMPANY

Current Principal Place of Business:

3909 SUNBEAM ROAD
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

3909 SUNBEAM ROAD
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 06-0701148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALE, KAVIN
3909 SUNBEAM ROAD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

KALE, KEVIN
3909 SUNBEAM ROAD
JACKSONVILLE, FL 32257 US

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: KEVIN KALE

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREENE, ELIZABETH
Address: 7 ISLAND ESTATES
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: GREENE, JAMES
Address: 7 ISLAND ESTATES PKWY.
City-St-Zip: PALM COAST, FL 32137

Title: S () Delete
Name: KALE, KEVIN
Address: 29 CLOERIDGE COURT
City-St-Zip: PALM COAST, FL 32137

Title: TD () Delete
Name: REILLY, KATHLEEN
Address: 31 CHESTNUT HILL ROAD
City-St-Zip: COLCHESTER, CT 06051

Title: D () Delete
Name: REILLY, KEVIN
Address: 2 CUTE COURT
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: KALE, TAMI
Address: 29 COLERIDGE COURT
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GREENE, ELIZABETH
Address: 7 ISLAND ESTATES
City-St-Zip: PALM COAST, FL 32137

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

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

Title: TD (X) Change () Addition
Name: REILLY, KATHLEEN
Address: 81 CHESTNUT HILL ROAD
City-St-Zip: COLCHESTER, CT 06051

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

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

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: KEVIN KALE

S

02/05/2009

Electronic Signature of Signing Officer or Director

Date