

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F01458 1. Entity Name LEWIS RENTAL PROPERTIES, INC.	
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Principal Place of Business 3600 NW BOCA RATON BLVD. BOCA RATON, FL 33431 US	Mailing Address PO BOX 650 BOCA RATON, FL 33429 US
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DO NOT WRITE IN THIS SPACE



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2039687	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARBA, THOMAS A. 400 S. DIXIE HIGHWAY BLDG. 3, SUITE 324 BOCA RATON, FL 33432

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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.

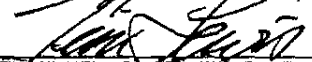
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when re-installing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, TIMOTHY 3600 N.W. BOCA RATON BLVD. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS, JEANETTE 3600 N.W. BOCA RATON BLVD. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, TIMOTHY 3600 N.W. BOCA RATON BLVD. BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, REGINA 3600 NW BOCA RATON BLVD BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/16/05 Date	Daytime Phone #
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