2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F01458

1. Entity Name
LEWIS RENTAL PROPERTIES, INC.

Principal Place of Business	Mailing Address
3600 NW BOCA RATON BLVD. BOCA RATON, FL 33431 US	PO BOX 650 BOCA RATON, FL 33429 US

01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000004027 67
02/03/06-80021-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEWIS, TIMOTHY
STREET ADDRESS	3600 N.W. BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VP
NAME	LEWIS, JEANETTE
STREET ADDRESS	3600 N.W. BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	T
NAME	LEWIS, TIMOTHY
STREET ADDRESS	3600 N.W. BOCA RATON BLVD.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	S
NAME	LEWIS, REGINA
STREET ADDRESS	3600 NW BOCA RATON BLVD
CITY-ST-ZIP	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 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: _____ 1/23/06 561-394-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #