

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003939

FILED
Apr 28, 2009
Secretary of State

Entity Name: AMERICAN RENTAL MANAGEMENT COMPANY

Current Principal Place of Business:

976 LAKE BALDWIN LANE
SUITE 102
ORLANDO, FL 32812

Current Mailing Address:

976 LAKE BALDWIN LANE
SUITE 102
ORLANDO, FL 32812

New Principal Place of Business:

114 NEW ENGLAND AVENUE
SUITE ONE
WINTER PARK, FL 32789

New Mailing Address:

222 SMALLWOOD VILLAGE CENTER
ST. CHARLES, MD 20602

FEI Number: 52-2053012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR. STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: WILSON, J. MICHAEL
Address: 222 SMALLWOOD VILLAGE CENTER
City-St-Zip: ST. CHARLES, MD 20602

Title: PD () Delete
Name: KELLY, EDWIN L
Address: 222 SMALLWOOD VILLAGE CENTER
City-St-Zip: ST. CHARLES, MD 20602

Title: ST () Delete
Name: HEDRICK, CYNTHIA L
Address: 222 SMALLWOOD VILLAGE CENTER
City-St-Zip: ST. CHARLES, MD 20602

Title: V () Delete
Name: RESNIK, PAUL
Address: 222 SMALLWOOD VILLAGE CENTER
City-St-Zip: ST. CHARLES, MD 20602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: WILSON, J. MICHAEL
Address: 222 SMALLWOOD VILLAGE CENTER
City-St-Zip: ST. CHARLES, MD 20602

Title: CEO (X) Change () Addition
Name: GRIESSEL, STEPHEN K
Address: 222 SMALLWOOD VILLAGE CENTER
City-St-Zip: ST. CHARLES, MD 20602

Title: CFOS (X) Change () Addition
Name: MARTIN, MATTHEW M
Address: 222 SMALLWOOD VILLAGE CENTER
City-St-Zip: ST. CHARLES, MD 20602

Title: V (X) Change () Addition
Name: AUGHINBAUGH, MICHELLE
Address: 222 SMALLWOOD VILLAGE CENTER
City-St-Zip: ST. CHARLES, MD 20602

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: MATTHEW M. MARTIN

CFOS

04/28/2009

Electronic Signature of Signing Officer or Director

Date