

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F46042 1. Entity Name MTH RENTAL COMPANY, INC.		
Principal Place of Business 780 S.W. 9TH TERRACE POMPANO BEACH, FL 33069-4522	Mailing Address 3050 N.E. 9TH TERRACE POMPANO BEACH, FL 33064	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HUBER, THEODOR K 3050 NE 9TH TERRACE POMPANO BEACH, FL 33064		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 resigning) DATE _____		
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	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUBER, MARIAN E 780 SW 9TH TERRACE POMPANO BEACH FL,	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUBER, THEODOR 780 SW 9TH TERR POMPANO BEACH FL,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Marian E. Huber</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4/6/05</u> <u>954-942-6963</u> Date Daytime Phone #



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2125299	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

000000295901
04/09/05-80045-017 150.00