2004 FOR PROFIT CORPORATION

Apr 28, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT #F89608 04-28-2004 90259 048 ***150.00 1. Entity Name CAPALBO RENTAL AND MANAGEMENT, INC. Principal Place of Business 24058453 Mailing Address 4700 34TH ST. S. 4700 34TH ST. S. ST PETERSBURG BCH, FL 33711 ST PETERSBURG BCH, FL 33711 2. Principal Place of Business 3. Mailing Address 4700 34th STREET S. 4700 34th STREET S. Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 Chg-P CR2E034 (10/03) ST. PETERSBURG, City & State 4. FEI Number Applied For ST. PETERSBURG. 59-2206225 Not Applicable Zip 33711 33711 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAPAL<u>BO</u>, BARBARA J. CAPALBO, BARBARA J Street Address (P.O. Box Number is Not Acceptable) 4700 34TH STREET, SOUTH **S4** ST. PETERSBURG, FL 33711 °\$∀T. 3379 1 FL **PETERSBURG** 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 reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete XI Change ☐ Addition CAPALBO, BARBARA J 4700 34th STREET S ST. PETERSBURG, FL NAME CAPALBO, BARBARA J NAME STREET ADDRESS 4700 34TH STREET, SOUTH STREET ADDRESS CITY-ST-ZIP ST PETERSBURG BCH, FL CITY-ST-ZIP : D\V े नेतर के TITLE ☐ Delete TITLE 🔀 Change ☐ Addition CAPALBO, ANTHONY F. NAME CAPALBO, ANTHONY F NAME STREET ADDRESS 4700 34TH STREET, SOUTH STREET ADDRESS ST. PETERSBURG, FL 33711 CITY-ST-ZIP ST PETERSBURG, FL CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

⊘CBARBARA J. CAPALBO SIGNATURE AND TYPED OF NAME OF SIGNING OFFICER OR DIRECTOR

Delete

4/23/04

727-866-2494

Change

☐ Addition

Daytime Phone #

FILED