

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # F94000001592**

1. Entity Name  
WILSHIRE RENTAL CORP.



**FILED**  
06 MAR 17 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 13737 NOEL ROAD SUITE 100 DALLAS, TX 75240	Mailing Address 13737 NOEL ROAD SUITE 100 DALLAS, TX 75240
---	---



02212006 Chg-P CR2E034 (11/05) *ok*

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

4. FEI Number 95-4107146	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DS LARSEN, CAITLIN M	<input type="checkbox"/> Delete
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA, CA 93105	

TITLE	DS Larsen, Caitlin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13737 Noel Rd Ste 100	
CITY-ST-ZIP	Dallas TX 75240	

TITLE	AS MACK, KRISTINA A	<input type="checkbox"/> Delete
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA, CA 93105	

TITLE	AS Mack, Kristina A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13737 Noel Rd Ste 100	
CITY-ST-ZIP	Dallas Tx 75240	

TITLE	P PULLEN, TIMOTHY L	<input type="checkbox"/> Delete
STREET ADDRESS	13737 NOEL ROAD., STE 100	
CITY-ST-ZIP	DALLAS, TX 75240	

TITLE	P Pullen, Timothy L	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	500068544625	
CITY-ST-ZIP	03/23/06--01052--011 **150.00	

TITLE	T DENT, DENNIS L	<input type="checkbox"/> Delete
STREET ADDRESS	3820 STATE STREET	
CITY-ST-ZIP	SANTA BARBARA, CA 93105	

TITLE	T Sherman, Jeffrey S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13737 Noel Rd Ste 100	
CITY-ST-ZIP	Dallas TX 75240	

TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Caitlin Larsen Caitlin Larsen 2/24/06 469-893-2701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #