


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000001792
 1. Entity Name
 EASY RENT, INC.



Principal Place of Business
 8535 BAYMEADOWS RD. #7
 JACKSONVILLE, FL 32256

Mailing Address
 8535 BAYMEADOWS RD. #7
 JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number
 57-0803941 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FALLGATTER & BOND, P.A.
 ATTN: C. GUY BOND
 121 W. FORSYTH ST., STE. 900
 JACKSONVILLE, FL 32202

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANSEL, JOHN R 1624 MISTY LAKE DR. ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ANSEL, DEBORAH I 1624 MISTY LAKE DR. ORANGE PARK, FL 32073
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 05/13/06-80098-010 150.00

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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: *[Handwritten Signature]* 4-21-06 904-443-7446
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #