


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90008 025 \*\*\*158.75

<b>DOCUMENT # F98000003479</b> 1. Entity Name <b>RENT RITE RENTAL PURCHASE, INC.</b>					
Principal Place of Business <b>7601 N FEDERAL HWY 260 B BOCA RATON, FL 33487</b>			Mailing Address <b>7601 N FEDERAL HWY 260 B BOCA RATON, FL 33487</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		
4. FEI Number <b>62-1736757</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION 1200 S PINE ISLAND RD PLANTATION, FL 33324</b>				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>SCHLEDWITE, KARL A</b> <b>6465 N. QUAIL HOLLOW RD., SUITE 401</b> <b>MEMPHIS, TN 38120</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>Schledwitz, KARL A</b> <b>6465 N. Quail Hollow Rd #401</b> <b>Memphis, TN 38120</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THEDORD, JOHN D</b> <b>101 SUNNY TOWN RD., SUITE 310</b> <b>MEMPHIS, TN 38120</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HYNEMAN, J.K.</b> <b>6465 N. QUAIL HOLLOW RD., SUITE 101</b> <b>MEMPHIS, TN 38120</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RHETT, HAILEY</b> <b>5121 DIRECTORS ROW</b> <b>MEMPHIS, TN 38131</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COOPER, John P</b> <b>5250 VIRGINIA WAY #235</b> <b>BRENTWOOD, TN 37027</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>LYNCH, TERRY</b> <b>6465 N. QUAIL HOLLOW RD.</b> <b>MEMPHIS, TN 38120</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORRIS, WILLIAM</b> <b>6532 CORSICA DRIVE</b> <b>MEMPHIS, TN 38120</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>J. M. Hall</u> CFO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <span><b>2/24/04</b></span> <span><b>561-995-8832</b></span> </div> <small>Date Daytime Phone #</small>					

94024076



02232004 Chg-P CR2E034 (10/03)

# Attachment

Item #11  
Additional Directors

# F98000003479

D Stanko, Edward J.  
7601 N. Federal Hwy. Suite 260B  
Boca Raton, FL 33487

D Gilliland, James  
60 Morningside Place  
Memphis, TN 38104

D Knox, John  
360 Tara Lane  
Memphis, TN 38111

T Mitchell, Thomas B.I  
7601 N. Federal Hwy. Suite 260B  
Boca Raton, FL 33487