## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

SIGNATURE: 4

SIGNATURE AND PIPED OR PRINTED NAME OF SIGNATURE AND PIPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

## Jan 11, 2006 08:00 AM DOCUMENT # G09695 1. Entity Name **Secretary of State** COUNCIL RENTAL PROPERTY, INC. Principal Place of Business Mailing Address 1872 MILL STREET PO BOX 2025 C/O NANCY T. COUNCIL **QUINCY, FL 32353** TALLAHASSEE, FL 32310 No Chg-P 01072006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2272372 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent COUNCIL, NANCY T DO NOT WRITE **1872 MILLS** TALLAHASSEE, FL 32310 IN THIS SPACE 5. 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 aignsture required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE COUNCIL, NANCY T. NAME STREET ADDRESS P.O. BOX 2025 BOSTICK RD City-ST-ZIP QUINCY, FL 32353 TITLE NAME STREET ADDRESS U00000382654 CITY-ST-ZIP 01/12/06-80020-013 150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP RILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP 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

**FILED** 

1-9-06