

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G44629

Entity Name: JASON RENTS, INC.

FILED  
Jan 24, 2005  
Secretary of State

## Current Principal Place of Business:

763 NORTH ALTERNATE A1A  
JUPITER, FL 33477 US

## New Principal Place of Business:

## Current Mailing Address:

763 NORTH ALTERNATE A1A  
JUPITER, FL 33477 US

## New Mailing Address:

FEI Number: 59-2370348

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUCKLES, JASON R.  
10818 SE HOBART ST  
1  
TEQUESTA, FL 33469 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: BUCKLES, JASON R.,  
Address: 10818 SE HOBART ST  
City-St-Zip: TEQUESTA, FL

Title: D ( ) Delete  
Name: BUCKLES, JASON R.,  
Address: 10818 SE HOBART ST  
City-St-Zip: TEQUESTA, FL

Title: VP ( ) Delete  
Name: PALENCHAR, STEVE J  
Address: 256 CABANA PT., CIR  
City-St-Zip: STUART, FL 34994

Title: S ( ) Delete  
Name: BUCKLES, BARBARA  
Address: 8802 SE SANDCASTLE CIRCLE  
City-St-Zip: HOBE SOUND, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA L. BUCKLES

S

01/24/2005

Electronic Signature of Signing Officer or Director

Date