

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G44629

Entity Name: JASON RENTS, INC.

FILED
Apr 22, 2009
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, BARBARA L SECRETA
8802 S.E. SANDCASTLE CIRCLE
HOBE SOUND, FL 33455 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 33469

Title: D () Delete
Name: BUCKLES, JASON R.
Address: 10818 SE HOBART ST
City-St-Zip: TEQUESTA, FL 33469

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

Title: SRA () Delete
Name: BUCKLES, BARBARA
Address: 8802 SE SANDCASTLE CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

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 exemption stated 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 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 BUCKLES

SRA

04/22/2009

Electronic Signature of Signing Officer or Director

Date