


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # H38328
1. Entity Name
WALES RENT-ALL, INC.



Principal Place of Business Mailing Address
210 CAPPS RD. 210 CAPPS RD.
LAKE WALES, FL 33898 LAKE WALES, FL 33898

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2478506 Not Applicable

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

6. Name and Address of Current Registered Agent

VOORHEES, NORMAN P.
210 CAPPS RD
LAKE WALES, FL 33853

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IN THIS SPACE**

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 re-instating) _____ 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 | DP |
| NAME | VOORHEES, NORMAN P. |
| STREET ADDRESS | 1222 DRUID CIRCLE |
| CITY-ST-ZIP | LAKE WALES, FL |
| TITLE | D |
| NAME | VOORHEES, JOSETTE |
| STREET ADDRESS | 1222 DRUID CIRCLE |
| CITY-ST-ZIP | LAKE WALES, FL |
| TITLE | ST |
| NAME | VOORHEES, JASON |
| STREET ADDRESS | 1222 DRUID CIRCLE |
| CITY-ST-ZIP | LAKE WALES, FL 33858 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

11/01/06 08:00 AM 150.00

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 807, 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: Norman Voorhees 1/6/06 8636765686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davita Phone #