

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90481 001 ***300.00

DOCUMENT # H71161

1. Entity Name
MARIANNA RENTAL AND LEASING, INC.



Principal Place of Business
**2961 PENN AVENUE
P.O. BOX 757
MARIANNA, FL 32447**

Mailing Address
**2961 PENN AVENUE
P.O. BOX 757
MARIANNA, FL 32447**

66011704



05112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 19-6309183	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RAHAL, QUEN
4204 W. LAFAYETTE ST.
MARIANNA, FL 32446**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAHAL, QUEN 700 HIGHWAY 90 WEST MARIANNA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAHAL, ANN 700 HIGHWAY 90 WEST MARIANNA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARCIA, JORGE 2961 PENN AVE. MARIANNA, FL 32446
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GRIFFIN, DONNA 2961 PENN AVE MARIANNA, FL 32446
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Griffin **Donna Griffin**

5/11/05

Date

850-526-3511

Daytime Phone #