

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90494 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**

DO NOT WRITE IN THIS SPACE



05022006 No Chg-P CR2E034 (11/05)

4. FEI Number
19-6309183

Applied For
Not Applicable

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 8, 2008**

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	PD
NAME	RAHAL, QUEN
STREET ADDRESS	700 HIGHWAY 90 WEST
CITY-ST-ZIP	MARIANNA, FL
TITLE	S
NAME	RAHAL, ANN
STREET ADDRESS	700 HIGHWAY 90 WEST
CITY-ST-ZIP	MARIANNA, FL
TITLE	V
NAME	GARCIA, JORGE
STREET ADDRESS	2961 PENN AVE.
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	AS
NAME	GRIFFIN, DONNA
STREET ADDRESS	2961 PENN AVE
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/06 *850 526 3511*
Date Daytime Phone #