


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # H71161**  
 1. Entity Name  
**MARIANNA RENTAL AND LEASING, INC.**



Principal Place of Business <b>2961 PENN AVENUE          P.O. BOX 757          MARIANNA, FL 32447</b>	Mailing Address <b>2961 PENN AVENUE          P.O. BOX 757          MARIANNA, FL 32447</b>
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**DO NOT WRITE IN THIS SPACE**



04232008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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 05/13/08-80052-012 150.00

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 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:** Jorge Garcia VP 4/23/08 850 526 3511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #