

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90050 028 ***150.00

DOCUMENT # H81692

1. Entity Name

DARBY RENTAL & AUTO SALES, INC.



Principal Place of Business

Mailing Address

**820 CREATIVE DR
LAKELAND FL 33813**

**3725 EMERALD LN
MULBERRY FL 33860**

2. Principal Place of Business

3. Mailing Address

755 CREATIVE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6

City & State

City & State

LAKELAND FL

1

Zip

Country

Zip

Country

33813

POIK

4. FEI Number

59-2577000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DARBY, BOBBY LEE
820 CREATIVE DR
LAKELAND FL 33813**

Name

DARBY, Bobby LEE

Street Address (P.O. Box Number is Not Acceptable)

755 CREATIVE DR.

City

LAKELAND

FL

Zip Code

33813

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

Bobby LEE DARBY

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DARBY, BOBBY LEE	
STREET ADDRESS	3725 EMERALD LANE	
CITY-ST-ZIP	MULBERRY PL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DARBY, MARGARET	
STREET ADDRESS	3725 EMERALD LANE	
CITY-ST-ZIP	MULBERRY PL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Bobby Lee Darby **Bobby LEE DARBY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-05 863425-2225