

**FOR PROFIT CORPORATION
ANNUAL REPORT 2011**

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11 NOV 30 AM 9:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **H82546**

1. Entity Name

RENT A HAND, INC



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REINSTATEMENT 2011

CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #

1135 So. Pasadena Ave
Suite, Apt. #, etc.
#160

3. Mailing Address

1135 So. Pasadena ave.
Suite, Apt. #, etc.
#160

City & State

So. Pasadena, Fl.

City & State

So. Pasadena, Fl

4. FEI Number

59-2613575

Applied For

Not Applicable

Zip

33707

Country

USA

Zip

33707

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Carol R Ehrenkranz

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

1135 So Pasadena Ave

#160

City

So Pasadena

FL

Zip Code

33711

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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

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

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

Carol@rentahand.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME

President
Carol Ehrenkranz

STREET ADDRESS

1135 So Pasadena Ave

CITY-ST-ZIP

So Pasadena, Fl 33707

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
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STREET ADDRESS

CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Carol R Ehrenkranz

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

Daytime Phone #

100214737481
11/30/11--01017--001 **158.75

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