2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # H83070

Entity Name
EAST SIDE RENTALS, INC.

Principal Place of Business
4030 PALM BEACH BOULEVARD
FORT MYERS, FL 33916

Mailing Address
4030 PALM BEACH BOULEVARD
FORT MYERS, FL 33916

01162006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2603727
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAN, BETTY F.
3352 SE 19TH AVE
CAPE CORAL, FL 33904

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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, 2006 Fee will be $550.00

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

H06000396531
01/30/06-80015-005 150.00

OFFICERS AND DIRECTORS

TITLE	V
NAME	NORMAN, HARRY THOMAS
STREET ADDRESS	3352 SE 19TH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	P
NAME	NORMAN, BETTY F.
STREET ADDRESS	3352 SE 19TH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Betty F Norman BETTY F NORMAN 1-18-06 239-694-2558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #