

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # J23023

1. Entity Name
PETE'S RENTAL WHEELS, INC.



Principal Place of Business
**7049 WILLOW WOOD STREET
ORLANDO, FL 32818-5855 US**

Mailing Address
**7049 WILLOW WOOD STREET
ORLANDO, FL 32818-5855 US**



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2696301

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PETERSON, JOSEPHINE R.
7049 WILLOW WOOD STREET
ORLANDO, FL 32818**

**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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**000000746018
05/16/07-80051-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	PETERSON, JOSEPHINE R.
STREET ADDRESS	7049 WILLOW WOOD STREET
CITY - ST - ZIP	ORLANDO, FL 32818
TITLE	VSD
NAME	PETERSON, PATRICIA A.
STREET ADDRESS	7049 WILLOW WOOD STREET
CITY - ST - ZIP	ORLANDO, FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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:

Ms. Josephine R. Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07
Date

407-578 4561
Daytime Phone #