

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM  
Secretary of State

DOCUMENT # J27545

1. Entity Name

RENTAL WORLD OF ST. CLOUD, INC.



Principal Place of Business

312 E. IRLO BRONSON MEM HWY  
ST. CLOUD, FL 34769

Mailing Address

312 E. IRLO BRONSON MEM HWY  
ST. CLOUD, FL 34769

DO NOT WRITE IN THIS SPACE



04262006

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-2720127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURSON, WENDELL R.  
4835 LILLIAN BLACK RD.  
ST. CLOUD, FL 34771

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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 reinstating)

DATE

**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

1100000553587  
05/15/06-80055-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BURSON, WENDELL R.
STREET ADDRESS	4835 LILLIAN BLACK RD.
CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	DV
NAME	BURSON, RICHARD L.
STREET ADDRESS	2050 PARTIN SETTLEMENT
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	DT
NAME	BURSON, JACQUELINE J.
STREET ADDRESS	4835 LILLIAN BLACK RD.
CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	DS
NAME	BURSON, CARRIE P.
STREET ADDRESS	2050 PARTIN SETTLEMENT
CITY-ST-ZIP	KISSIMMEE, FL 34744
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:

*Wendell Burson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/06