

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2007 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



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 reinstating)

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

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

U00000588053
01/17/07-80057-011 150.00

**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:

Jacqueline J Burson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-07 407 957 3111