


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90079 015 \*\*\*150.00

<b>DOCUMENT # K52462</b> 1. Entity Name <b>RENT-A-SPACE CORP.</b>	
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Principal Place of Business <b>40 ELMS STREET DRYDEN NY 13053-9624</b>	Mailing Address <b>4253 DEWEY DRIVE NEW PORT RICHEY FL 34652</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>16381 Cherokee Rd</b> Suite, Apt. #, etc.
City & State	City & State <b>Brooksville FL</b>
Zip <b>34601</b>	Country <b>USA</b>

4. FEI Number <b>59-2927763</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>RADEMACHER, DIANE L 4253 DEWEY DR. NEW PORT RICHEY FL 34652</b>	7. Name and Address of New Registered Agent Name <b>Diane L. Rademacher</b> Street Address (P.O. Box Number is Not Acceptable) <b>16381 Cherokee Road</b> City & State <b>Brooksville FL</b> Zip Code <b>34601</b>
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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 <b>Diane L. Rademacher</b> <i>Diane L. Rademacher</i> <b>1/25/05</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RADEMACHER, DIANE L</b> <b>4253 DEWEY DR.</b> <b>NEW PORT RICHEY FL 34652</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Diane L. Rademacher</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16381 Cherokee Rd.</b> <b>Brooksville, FL 34601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDP</b> <b>RADEMACHER, BARRELL</b> <b>4253 DEWEY DR</b> <b>NEW PORT RICHEY FL 34652</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Darrell G Rademacher</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16381 Cherokee Rd.</b> <b>Brooksville, FL 34601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Diane L. Rademacher</b> <i>Diane L. Rademacher</i> <b>1/25/05</b> <b>352-796-2693</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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