2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State
01-09-2008 90013 037 ***150.00

DOCUMENT # K52462

1. Entity Name
RENT-A-SPACE CORP.

Principal Place of Business
40 ELMS STREET
DRYDEN, NY 13053-9624

Mailing Address
16381 CHEROKEE RD
BROOKSVILLE, FL 34601

2. Principal Place of Business - No P.O. Box #
16381 Cherokee Rd.
Suite, Apt. #, etc.

3. Mailing Address
16381 Cherokee Rd
Suite, Apt. #, etc.

01042008 Chg-P CR2E034 (12/06)

City & State: Brooksville, Fl.
Zip: 34601 Country: USA

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Zip: 34601 Country: USA

4. FEI Number: 59-2927763 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

RADEMACHER, DIANE L
16381 CHEROKEE ROAD
BROOKSVILLE, FL 34601

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	RADEMACHER, DIANE L	
STREET ADDRESS	16381 CHEROKEE ROAD	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	VDP	☐ Delete
NAME	RADEMACHER, DARRELL G	
STREET ADDRESS	16381 CHEROKEE ROAD	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Diane L. Rademacher Diane L Rademacher 1/8/08 352-196-2693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #