

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only

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**FILED**

11 JUN -6 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M71047**

1. Entity Name

**North Florida Rentals, Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

**844 Hay Pond Rd.**

3. Mailing Address

**North Florida Rentals, Inc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 508**

City & State

**Monticello FL**

City & State

**Monticello, FL**

4. FEI Number

**59-2923614**

Applied For

Not Applicable

Zip

**32344**

Country

**USA**

Zip

**32345**

Country

**USA**

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

CR2E034B (1/11)

7. Name and Address of Current Registered Agent

Name

**George Carswell**

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

**844 Hay Pond Road**

City

**Monticello, FL**

FL

Zip Code

**32344**

**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-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**George Carswell  
CR 149 A, Hay Pond Farm  
Monticello, FL 32344**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**Caroline Carswell  
CR 149 A, Hay Pond Farm  
Monticello, FL 32345**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

**George Carswell, George Carswell, President  
North Florida Rentals, Inc.**

**5/19/11 997-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

700207236347  
05/05/11-01004--004 \*\*150.00

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