

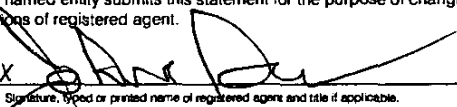
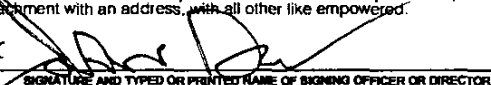


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90034 012 ****61.25

DOCUMENT # N03000010724 1. Entity Name INDEPENDENT TEXTILE RENTAL ASSOCIATION, INC.					
Principal Place of Business 707 CROOKED OAK DR PENSACOLA, FL 32514			Mailing Address 707 CROOKED OAK DR PENSACOLA, FL 32514		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01092006 Chg-NP CR2E037 (11/05)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 20-0482965				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DARON, JODI 7555 SOUTHPPOINT PLACE PENSACOLA, FL 32514			7. Name and Address of New Registered Agent Name Daron, Jodi Street Address (P.O. Box Number is Not Acceptable) 707 Crooked Oak Drive City Pensacola FL Zip Code 32514		
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  DATE 1/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSE, BOB P.O. BOX 669 MOULTRIE, GA 31776	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Blount, Kathy 2917 Lomb Ave Birmingham, AL 32508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEILMAN, BILLY 4120 TRUMAN ROAD KANSAS CITY, MO 64127	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 1st./ Secretary Frierwood, Mike 2001 Arlingate Lane Columbus, OH 43228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEAM, LEE P.O. BOX 300 STAUNTON, VA 24402	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP @2nd Del Rossi, Vince 100 Pennell St. Chester, PA 19013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLOUNT, KATHY 2ND 2917 LOMB AVE. BIRMINGHAM, AL 35208	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Schultz, Mike P.O. Box 233 Butler, WI 53007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNT, LARRY SGT.ARM 1361 S.E. DALTON DRIVE LEE SUMMIT, MO 64081	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KARABAS, BILL ASST. 170 BOULDER INDUSTRIAL DR. BRIDGETON, MO 63044	<input checked="" type="checkbox"/> Delete		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 617, 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:  DATE 1/27/06 Daytime Phone # 813477843 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					