

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90122 016 ****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 - No P.O. Box #
900 E. Avery Street
Suite, Apt. #, etc.

3. Mailing Address
900 E. Avery Street
Suite, Apt. #, etc.

01222007 Chg-NP CR2E037 (12/06)

City & State
Pensacola, FL

City & State
Pensacola, FL

4. FEI Number
20-0482965

Applied For
☐ Not Applicable

Zip
32503

Country
US

Zip
32503

Country
US

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

6. Name and Address of Current Registered Agent

**DARON, JODI
707 CROOKED OAK DR
PENSACOLA, FL 32514**

7. Name and Address of New Registered Agent

Name **Scott G. Hamilton, CPA, PA**
Street Address (P.O. Box Number is Not Acceptable)

900 E. Avery Street

City **Pensacola** **FL** Zip Code **32503**

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 **Scott G. Hamilton,** Accountant

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **BLOUNT, KATHY**
STREET ADDRESS **2917 LOMB AVE**
CITY-ST-ZIP **PENSACOLA, FL 32508**

TITLE **VP1S** ☐ Delete
NAME **FRIERMood, MIKE**
STREET ADDRESS **2001 ARKUBGATE LANE**
CITY-ST-ZIP **COLUMBUS, OH 43228**

TITLE **VP** ☐ Delete
NAME **DEL ROSSI, VINCE**
STREET ADDRESS **100 PENNELL ST**
CITY-ST-ZIP **CHESTER, PA 19013**

TITLE **T** ☐ Delete
NAME **SCHULTZ, MIKE**
STREET ADDRESS **P.O. BOX 233**
CITY-ST-ZIP **BUTLER, WI 53007**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Friermood, Mike**
STREET ADDRESS **2001 Arkubgate Lane**
CITY-ST-ZIP **Columbus, OH 43228**

TITLE **VP1S** ☒ Change ☐ Addition
NAME **Del Rossi, Vince**
STREET ADDRESS **100 Pennell St.**
CITY-ST-ZIP **Chester, PA 19013**

TITLE **VP** ☐ Change ☒ Addition
NAME **Ethridge, Rick**
STREET ADDRESS **P.O. Box 979**
CITY-ST-ZIP **Garner, NC 27529**

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

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

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 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: **Michael Schultz** Treasurer **X 2-1-07** 262-781-5321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #