

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N97000002411

1. Entity Name
MALYN RENTALS, INC.



Principal Place of Business
282-107TH AVE.
TREASURE ISLAND, FL 33706

Mailing Address
282-107TH AVE.
TREASURE ISLAND, FL 33706

2. Principal Place of Business

3. Mailing Address

282 107th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Treasure Island, FL

Zip

County

Zip
33706

Country
USA

6. Name and Address of Current Registered Agent

WILLIS, VICTOR A
4629 W BAY COURT AVE
TAMPA, FL 33611

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

**Filing Fee Is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WILLIS, SYDNEY C
STREET ADDRESS 4629 W BAY CT AVE
CITY-ST-ZIP TAMPA, FL 33611

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Add/Alt

TITLE VB
NAME MOORE, THOMAS H
STREET ADDRESS 282 107TH AVE #115
CITY-ST-ZIP TREASURE ISLAND, FL 33706

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Add/Alt

TITLE D
NAME MOORE, THOMAS H
STREET ADDRESS 2139 EAST 12TH AVE
CITY-ST-ZIP DENVER, CO 80206

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Add/Alt

TITLE D
NAME CERMINARO, PATRICK
STREET ADDRESS 2131 RAEBURN DR
CINCINNATI, OH 45223

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Add/Alt

TITLE D
NAME SANDERS, BRIAN
STREET ADDRESS 5420 WANETA RD
CITY-ST-ZIP BETHESDA, MD 20816

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Add/Alt

TITLE D
NAME SANSONE, VINCENT
STREET ADDRESS 12730 MORGAN RD
CITY-ST-ZIP HUDSON, FL 34669

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Add/Alt

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 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: *Sydney Willis, Sydney C. Willis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Apr 29, 2005 8:00 am
Secretary of State**

04-29-2005 90176 007 ****61.25



04262005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3445517 Applied For
 Not Applicable

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

4/28/05 Date

(813) 495-4658 Daytime Phone #