


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90030 001 \*\*\*\*61.25

<b>DOCUMENT # N97000002411</b> 1. Entity Name <b>MALYN RENTALS, INC.</b>					
Principal Place of Business <b>282-107TH AVE. TREASURE ISLAND, FL 33706</b>			Mailing Address <b>282-107TH AVE. TREASURE ISLAND, FL 33706</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04232007    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-3445517</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WILLIS, VICTOR A 4629 W BAY COURT AVE TAMPA, FL 33611</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input checked="" type="checkbox"/> Addition         </div>	
NAME	<b>WILLIS, SYDNEY C</b>		NAME	<b>Briody, Paul</b>	
STREET ADDRESS	<b>4629 W BAY CT AVE</b>		STREET ADDRESS	<b>14656 Village Glenn Circle</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33611</b>		CITY-ST-ZIP	<b>Tampa, FL 33618</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>	
NAME	<b>BENZING, EDWARD</b>		NAME	<b>Benzing, Edward</b>	
STREET ADDRESS	<b>8481 CHESTNUT RIDGE RD</b>		STREET ADDRESS	<b>8481 Chestnut Ridge Rd.</b>	
CITY-ST-ZIP	<b>GASPORT, NY 14067</b>		CITY-ST-ZIP	<b>Gasport, NY 14067</b>	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>	
NAME	<b>SANSONE, VINCENT</b>		NAME	<b><del>Sanzone</del> Sansone, Vincent</b>	
STREET ADDRESS	<b>12730 MORGAN RD</b>		STREET ADDRESS	<b>12730 Morgan Rd.</b>	
CITY-ST-ZIP	<b>HUDSON, FL 34669</b>		CITY-ST-ZIP	<b>Hudson, FL 34669</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE: <u>Edward Benzing</u> EDWARD BENZING PRES.</b>			<b>(813) 445-4658</b> <b>4-30-2007</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		