

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90106 042 \*\*\*150.00

**DOCUMENT # P0000006491**  
 1. Entity Name  
**A & C RENTAL MANAGEMENT, INC.**



40109400



Principal Place of Business  
**5162 SAILWIND CIRCLE**  
**ORLANDO, FL 32810**

Mailing Address  
**5162 SAILWIND CIRCLE**  
**ORLANDO, FL 32810**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

03192007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0975876**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SHOEMAKER, JOHN B**  
**503 N. ORLANDO AVENUE**  
**SUITE 105**  
**COCOA BEACH, FL 32931**

**7. Name and Address of New Registered Agent**

Name  
**SHOEMAKER, JOHN B**

Street Address (P.O. Box Number is Not Acceptable)  
**61 W. COLONIAL DRIVE**

City **ORLANDO** State **FL** Zip Code **32801**

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 **JOHN B SHOEMAKER** **4/1/07**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	COHEN, ODED	5162 SAILWIND CR	ORLANDO, FL 32810	<input type="checkbox"/>
D	COHEN, SHELLY	5162 SAILWIND CR	ORLANDO, FL 32810	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ODED COHEN** **4/1/07** **(407) 294-7931**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #