## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000011295

RAND, JAMIÈ

TAMPA, FL 33606

2118 WEST CASS STREET

Name:

Address:

City-St-Zip:

FILED Aug 17, 2005 Secretary of State

Entity Nar	ne: RENT	TO OWN PA	ASCO, INC.					
Current Principal Place of Business:				New Principal Place of Business:				
	UBLE CREE T RICHEY,							
Current Mailing Address:				New Mailing Address:				
	UBLE CREE T RICHEY,							
FEI Number:	59-3622314	FEI Num	nber Applied For()	FEI Number Not Ap	plicable ( )	Certificate of St	atus Desired ( )	
Name and Address of Current Registered Agent:				Name an	Name and Address of New Registered Agent:			
4813 TRO	RANDAL D UBLE CREE T RICHEY,		US					
	named enti e of Florida.	ty submits th	nis statement for the p	ourpose of changing	its registere	ed office or register	ed agent, or both,	
SIGNATUR	RE:							
	Elect	ronic Signat	ure of Registered Ag	ent		Date		
Election Car	npaign Financ	cing Trust Fur	nd Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:		() Delete ANDAL D BLE CREEK R RICHEY, FL 3		Title: Name: Address: City-St-Zip:		( ) Change ( ) Additi	ion	
Title: Name: Address: City-St-Zip:	4813 TROU	( ) Delete , WHITNEY W BLE CREEK R RICHEY, FL 3		Title: Name: Address: City-St-Zip:		() Change () Addit	ion	
Title: Name: Address: City-St-Zip:	SD BERNHARD 2118 WEST TAMPA, FL	CASS STREE	т	Title: Name: Address: City-St-Zip:		(X) Change()Addit D, AMITY UBLE CREEK ROAD T RICHEY, FL 34652	ion	
Title:	TD	( ) Delete		Title:	TD	(X) Change()Addit	ion	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

RAND, JAMIE

4813 TROUBLE CREEK ROAD

NEW PORT RICHEY, FL 34652

SIGNATURE: RANDAL JENKINS Ρ 08/17/2005