



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90456 036 ***150.00

DOCUMENT # P00000030581 1. Entity Name RENT-A-CADDY, INC.																																																																																																																															
Principal Place of Business 5502 HAINES RD ST PETERSBURG, FL 33714			Mailing Address 5502 HAINES RD ST PETERSBURG, FL 33714																																																																																																																												
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																													
City & State Zip Country		City & State Zip Country		02262004 Chg-P CR2E034 (10/03)																																																																																																																											
4. FEI Number 59-3635211				Applied For <input type="checkbox"/> Not Applicable																																																																																																																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CHENNAULT, M.L. 5502 HAINES RD ST PETERSBURG, FL 33714																																																																																																																											
7. Name and Address of New Registered Agent 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: <i>M.L. Anderson</i> M.L. ANDERSON - P. 4-21-04 <small>Signature, Street or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																											
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHENNAULT, M L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2550 54TH AVENUE NORTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST PETERSBURG, FL 33714</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, AMY EDWARDS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 101579</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33910</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, AMY EDWARDS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 101579</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33910</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, AMY EDWARDS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 101579</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33910</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CHENNAULT, M L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2550 54TH AVENUE NORTH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG, FL 33714</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	CHENNAULT, M L		STREET ADDRESS	2550 54TH AVENUE NORTH		CITY-ST-ZIP	ST PETERSBURG, FL 33714		TITLE	V	<input checked="" type="checkbox"/> Delete	NAME	SMITH, AMY EDWARDS		STREET ADDRESS	PO BOX 101579		CITY-ST-ZIP	CAPE CORAL, FL 33910		TITLE	S	<input type="checkbox"/> Delete	NAME	SMITH, AMY EDWARDS		STREET ADDRESS	PO BOX 101579		CITY-ST-ZIP	CAPE CORAL, FL 33910		TITLE	D	<input type="checkbox"/> Delete	NAME	SMITH, AMY EDWARDS		STREET ADDRESS	PO BOX 101579		CITY-ST-ZIP	CAPE CORAL, FL 33910		TITLE	T	<input type="checkbox"/> Delete	NAME	CHENNAULT, M L		STREET ADDRESS	2550 54TH AVENUE NORTH		CITY-ST-ZIP	ST. PETERSBURG, FL 33714		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P/D</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ANDERSON, M.L.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5502 HAINES RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG, FL. 33714</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ANDERSON, KENNETH R.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5502 HAINES RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG, FL. 33714</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ANDERSON, M.L.		STREET ADDRESS	5502 HAINES RD.		CITY-ST-ZIP	ST. PETERSBURG, FL. 33714		TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	ANDERSON, KENNETH R.		STREET ADDRESS	5502 HAINES RD.		CITY-ST-ZIP	ST. PETERSBURG, FL. 33714		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 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: <i>M.L. Anderson</i> M.L. ANDERSON 4-21-04 727-522-7414 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																															