

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90385 008 \*\*\*150.00

**DOCUMENT # P00000030581**  
 1. Entity Name  
**RENT-A-CADDY, INC.**



Principal Place of Business      Mailing Address  
 5502 HAINES RD                      5502 HAINES RD  
 ST PETERSBURG, FL 33714          ST PETERSBURG, FL 33714

**DO NOT WRITE IN THIS SPACE**

**40087343**



04012007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3635211**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 CHENNAULT, M.L.  
 2001 83RD AVE N #5066  
 SAINT PETERSBURG, FL 33702

**DO NOT WRITE IN THIS SPACE**

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 *M.L. Anderson*      DATE 4-18-07  
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	PD ANDERSON, ML 2001 83RD AVE N #5066 SAINT PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT ANDERSON, M L 5502 HAINES RD SAINT PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, AMY EDWARDS PO BOX 101579 CAPE CORAL, FL 33910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, AMY EDWARDS PO BOX 101579 CAPE CORAL, FL 33910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <del>CHENNAULT, M L</del> <i>M. L. ANDERSON</i> <del>2550 64TH AVENUE NORTH</del> <i>5502 HAINES RD.</i> ST. PETERSBURG, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, KENNETH R 5502 HAINES RD SAINT PETERSBURG, FL 33714

**DO NOT WRITE IN THIS SPACE**

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: *M.L. Anderson*      Date 4-17-07      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #