

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-30-2007 90385 008 ***150.00

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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**

40087343



04012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3635211

Applied For
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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-07

**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 PD
NAME ANDERSON, ML
STREET ADDRESS 2001 83RD AVE N #5066
CITY-ST-ZIP SAINT PETERSBURG, FL 33702

TITLE PDT
NAME ANDERSON, M L
STREET ADDRESS 5502 HAINES RD
CITY-ST-ZIP SAINT PETERSBURG, FL 33714

TITLE S
NAME SMITH, AMY EDWARDS
STREET ADDRESS PO BOX 101579
CITY-ST-ZIP CAPE CORAL, FL 33910

TITLE D
NAME SMITH, AMY EDWARDS
STREET ADDRESS PO BOX 101579
CITY-ST-ZIP CAPE CORAL, FL 33910

TITLE T
NAME ~~CHENNAULT, M.L.~~ *M.L. ANDERSON*
STREET ADDRESS ~~2550 64TH AVENUE NORTH~~ *5502 HAINES RD.*
CITY-ST-ZIP ST. PETERSBURG, FL 33714

TITLE V
NAME ANDERSON, KENNETH R
STREET ADDRESS 5502 HAINES RD
CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-07

Date

Daytime Phone #