2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2004 08:00 AM Secretary of State

DOCUMENT # P0000035284 1. Entity Name STRICTLY RENTALS, INC.	Secretary of State
Principal Place of Business Mailing Address 183 COCOHATCHEE ST. 183 COCOHATCHEE ST NAPLES, FL 34110 NAPLES, FL 34110	
DO NOT WRITE IN THIS S	03092004 No Chg-P CR2E034 (10/03) PACE A FEI Number Applied For
Name and Address of Current Registered Agent	4. FEI Number Applied For 59-3676742 Not Applicable 5. Centificate of Status Desired \$8.75 Additional Fee Required
ZIMMER-BOLING, DAWN 183 COCOHATCHEE ST. NAPLES, FL 34110	DO NOT WRITE IN THIS SPACE
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 Signature, typed or printed name of registered agent and title if applicable. [NOTE: Registered Agent algorithms required when reinstating) OATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS TITLE PD NAME ZIMMER-BOLING, DAWN STREET ADDRESS 183 COCOHATCHEE ST GITY-ST-ZIP NAPLES, FL 34110	U0000094157 03/22/04-80048-012 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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: SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Day Despire Proces	