


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P00000041683 1. Entity Name DOLPHIN RENTALS, INC. |  |
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| Principal Place of Business 421 PARK BOCA GRANDE, FL 33921 | Mailing Address P.O. BOX 888 BOCA GRANDE, FL 33921 |
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DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-1018470 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent OAKS, DAVID K 252 W. MARION AVENUE PUNTA GORDA, FL 33950 | DO NOT WRITE IN THIS SPACE |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD HEIMANN, WAYNE K P.O. BOX 888 BOCA GRANDE, FL 33921 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CAMP, JULIE A 471 PARK AVE BOCA GRANDE, FL 33921 |
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01/26/05-80043-017 150.00

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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:  **Julie Camp** **1/23/05** **941-964-0109**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #