

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90243 029 ***150.00

DOCUMENT # P00000045886

1. Entity Name

DOC'S RENTALS, INC.



Principal Place of Business

6507 SANCASA DR.
ENGLEWOOD FL 34224

Mailing Address

1944 MASSACHUSETTS AVENUE
ENGLEWOOD FL 34224

2. Principal Place of Business

3. Mailing Address

1770 CHADWICK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ENGLEWOOD FL

Zip

Country

Zip

Country

34223

U.S.

4. FEI Number 65-1024296

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFO, LUCILLE
1944 MASSACHUSETTS AVENUE
ENGLEWOOD FL 34224

Name
GRIFFO, LUCILLE

Street Address (P.O. Box Number is Not Acceptable)
1770 CHADWICK RD

City ENGLEWOOD FL Zip Code 34223

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GRIFFO, LUCILLE
STREET ADDRESS 1944 MASSACHUSETTS AVENUE
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE ☒ Change ☐ Addition
NAME GRIFFO LUCILLE
STREET ADDRESS 1770 CHADWICK RD
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/04 941474614