2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 04, 2004 8:00 am DOCUMENT # P00000047344 **Secretary of State** 1. Entity Name 06-04-2004 90003 022 ***150.00 SP RENTALS, INC. Principal Place of Business: Mailing Address 1029 N FLORIDA MARGO RD., STE 13 1029 N FLORIDA MARGO RD., STE 13 54056729 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1007589 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHAEFER, CYNTHIA J Street Address (P.O. Box Number is Not Acceptable) 3020 ROSTAN LANE LAKE WORTH FL 33461 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 'ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME SCHAEFER, SCOTT J NAME STREET ADDRESS 1020 LAKE CLARKE DRIVE STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33406 CITY-ST-ZIP Change ☐ Addition ۷D TITLE ☐ Delete TITLE NAME POOLE, CHARLES J JR NAME 2415 GABRIEL LANE STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33406 CITY-ST-ZIP CITY-ST-ZIP TITLE SD ☐ Delete TITLE Change Addition NAME POOLE, AMY S NAME STREET ADDRESS 2415 GABRIEL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33406 TD TITLE ☐ Delete TITLE Change ☐ Addition SCHAEFER, CYNTHIA J NAME NAME 3020 ROSTAN LANE STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33461 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 THREE OR PRINTED DAME OF SIGNING OFFICER OR DIREC

GCOTT J. SChaete

5/28/2004 5/61-313-82 Date Date Davigne Phone #

FILED



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1029 N. Florida Mango Road, #13 • West Palm Beach, FL 33409 • Phone: 561-615-5253 • Fax: 561-615-5286

Attachment

May 28, 2004

Florida Department of State,

This is a request for removal of any penalties, as we received our form for the 2004 For Profit Corporation Annual Report late. We had not received our form, so we requested it as soon as we were aware of the situation. After receiving the form, we immediately drafted a check for the original fee of \$150. We apologize for any inconveniences, and will make sure this does not happen again. Thank you for your help and attention in this matter.

Sincerely Schaefer Windows & Doors, Inc Scott Schaefer, Owner