

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000047344**

1. Entity Name  
**SP RENTALS, INC.**



Principal Place of Business  
**1029 N FLORIDA MANGO RD BAY 7  
WEST PALM BEACH, FL 33409**

Mailing Address  
**1029 N FLORIDA MANGO RD BAY 7  
WEST PALM BEACH, FL 33409**



02122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1007589**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCHAEFER, CYNTHIA J  
1029 N FLORIDA MANGO RD BAY 7  
WEST PALM BEACH, FL 33409**

**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

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, 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	SCHAEFER, SCOTT J
STREET ADDRESS	1029 N FLORIDA MANGO RD #7
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	TD
NAME	SCHAEFER, CYNTHIA J
STREET ADDRESS	1029 N FLORIDA MANGO RD #7
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	VD
NAME	POOLE, CHARLES J
STREET ADDRESS	1029 NORTH FLORIDA MANGO ROAD SUITE 7
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	SD
NAME	POOLE, AMY S
STREET ADDRESS	1029 NORTH FLORIDA MANGO ROAD SUITE 7
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

*Cynthia J. Schaefer*  
CYNTHIA J. SCHAEFER

2/28/07

Date

561-615-5253

Daytime Phone #