

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90055 018 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 8281 Man O War Rd Suite, Apt. #, etc.		3. Mailing Address 8281 Man O War Rd Suite, Apt. #, etc.	
City & State Palm Beach Gardens, FL Zip 33418 Country USA		City & State Palm Beach Gardens, FL Zip 33418 Country USA	
4. FEI Number 65-1007589		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8281 Man O War Rd City Palm Beach Gardens FL Zip Code 33418	
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: <u><i>Cynthia J. Schaefer</i></u> , Cynthia J. Schaefer <u>3/20/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAEFER, SCOTT J 1029 N FLORIDA MANGO RD #7 WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Schaefer, Scott J 8281 Man O War Rd Palm Beach Gardens, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHAEFER, CYNTHIA J 1029 N FLORIDA MANGO RD #7 WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST D Schaefer, Cynthia J 8281 Man O War Rd Palm Beach Gardens, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POOLE, CHARLES J 1029 NORTH FLORIDA MANGO ROAD SUITE 7 WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POOLE, AMY S 1029 NORTH FLORIDA MANGO ROAD SUITE 7 WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Cynthia J. Schaefer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Cynthia J. Schaefer		3/20/2008 561-615-5253 <small>Date Daytime Phone #</small>	