2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 08, 2004 08:00 AM Secretary of State **DOCUMENT # P00000073414** 1. Entity Name FAMILY RENTALS OF GIBSONTON, INC. Principal Place of Business Mailing Address 5413 US HWY. 92 WEST 5413 US HWY. 92 WEST PLANT CITY, FL 33567 PLANT CITY, FL 33567 01062004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1027583 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GLUSICA, NOMA DO NOT WRITE 507 LITTLE EAGLE CT. VALRICO, FL 33594

IN	THIS	SPACE	

1-6-04

CR2E034 (10/03)

Applied For Not Appricable

\$8.75 Additional

Fee Required

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, report produced agency and the familiar with approach of 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature for both and accept the obligation of 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.								
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees				
TO. TITLE SAME STREET ADDRESS CITY ST DP	P PRESEAU, GREG 4204 IMPERIAL EAGLE VALRICO, FL 33594	TORS .		P				
TITLE NAME STREET ADDRESS ENTY ST ZIP	ST GLUSICA, NOMA 507 LITTLE EAGLE CT. VALRICO, FL 33594			()	01/09/04-80008-015 150.00			
PAME STREET ADDRESS CITY ST ZIP					NOT WRITE			
NAME STREET ADDRESS CITY ST ZIP				IN '	THIS SPACE			
NAME SIRRET ADDRESS CITY ST DP								
TITLE NAME STREET ADDRESS CITY ST ZIP								
12. Thereby certify that the informations upplied wat this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, I further certify that the information indicated on this report or supplied that report is tiple 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 of trustee enhanced to execute this report as year, and that my name appears in Block 10 or Block 11 it changed, or on an attachment without address with an other like empowered.								