


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90071 035 ***150.00

DOCUMENT # P00000073414 1. Entity Name FAMILY RENTALS OF GIBSONTON. INC.	
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Principal Place of Business 5413 US HWY. 92 WEST PLANT CITY, FL 33567	Mailing Address 5413 US HWY. 92 WEST PLANT CITY, FL 33567
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1027583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLUSICA, NOMA
507 LITTLE EAGLE CT. 1314 EMERALD HILL
VALRICO, FL 33594 WAY

**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 *Derna Glusica* DATE 1-10-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESEAU, GREG 4204 IMPERIAL EAGLE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GLUSICA, NOMA 507 LITTLE EAGLE CT. 1314 EMERALD HILL VALRICO, FL 33594 WAY
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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: *Derna Glusica* DATE 1-10-06 DAYTIME PHONE # 7570662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #