


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90055 020 ***150.00

DOCUMENT # P00000086672	
1. Entity Name JARAD LEASING & RENTALS, INC.	

Principal Place of Business 9598 VONN RD SEMINOLE, FL 33776	Mailing Address 9598 VONN RD SEMINOLE, FL 33776
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2. Principal Place of Business - No P.O. Box # 13777 Belcher Rd. S.	3. Mailing Address 13777 Belcher Rd. S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Largo, FL	City & State Largo, FL
Zip 33771	Country
Zip 33771	Country

40041401



01222008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent BURKS, SALLY P 9598 VONN RD SEMINOLE, FL 33776		7. Name and Address of New Registered Agent Name Burks, Sally P. Street Address (P.O. Box Number is Not Acceptable) 13777 Belcher Rd. S. City Largo FL Zip Code 33771	
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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  **Sally P. Burks, Director** 2/25/2008
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, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKS, SALLY P 9598 VONN RD SEMINOLE, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burks, Sally P. 13777 Belcher Rd. S. Largo, FL 33771 <input checked="" 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
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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:  **Sally P. Burks** 2/25/2008 727-726-3310
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #