2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

SIGNATURE AND TYPED OR

## Mar 21, 2005 08:00 AM DOCUMENT # P00000101424 **Secretary of State** 1. Entity Name DEALMEIDA RENTALS, INC. Principal Place of Business Mailing Address 4445 N, PACIFIC CIRCLE N. FT. MYERS FL 33903 4445 N. PACIFIC CIRCLE N. FT. MYERS FL 33903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1024474 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MELCHER, ANGELINA M Street Address (P.O. Box Number is Not Acceptable) 4445 N. PÁCIFIC CIRCLE N. FT. MYERS FL 33903 City Zip Code 3. 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. ANGELINA M. MELCHER SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. ☐ Change ☐ Addition THE TITLE Delete MELCHER, ANGELINA M NAME NAME U00000271118 4445 N PACIFIC CIRCLE STREET ADDRESS STREET ADDRESS. 03/21/05-80032-022 150.00 CITY-ST-ZIP NORTH FORT MYERS FL 33903 CITY-ST ZIP THEF ☐ Delete Change \_\_\_ Addition MELCHER, STEWART A NAME STREET ADDRESS 4445 N PACIFIC CIRCLE STREET ADDRESS NORTH FORT MYERS FL 33903 COV-ST-7IP CITY-ST-ZIP ☐ AdditIon Change ☐ Delete DICE NAME DEALMERDA, MICHAEL NAME STREET ADDRESS STREET ADDRESS 385 SNOW DR CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 ☐ Change Addition THILE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TUTLE NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-7IP CHY-SI-ZIP THE Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f), 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.

Angelina M. Melcher 3/18/05

FILED