


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000101424	
1. Entity Name DEALMEIDA RENTALS, INC.	

Principal Place of Business 4445 N. PACIFIC CIRCLE N. FT. MYERS, FL 33903	Mailing Address 4445 N. PACIFIC CIRCLE N. FT. MYERS, FL 33903
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DO NOT WRITE IN THIS SPACE



03072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1024474	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 MELCHER, ANGELINA M 4445 N. PACIFIC CIRCLE N. FT. MYERS, FL 33903

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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 Angelina M Melcher 3-7-06
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000475663 04/05/06-80025-010 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO MELCHER, ANGELINA M 4445 N PACIFIC CIRCLE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO MELCHER, STEWART A 4445 N PACIFIC CIRCLE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO DEALMERDA, MICHAEL 385 SNOW DR FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Angelina M Melcher 3-6-06 (239) 997-1749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #