2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000050906

1. Entity Name

RITA'S RENTALS, INC.

Principal Place of Business	Mailing Address
3121 TRADEWINDS TRAIL ORLANDO FL 32805	3121 TRADEWINDS TRAIL ORLANDO FL 32805
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country	Zip	Country

MOORE   CR2E034 (11/03)

4. FEI Number   59-3410155   ☐ Applied For ☐ Not Applic

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLE, RITA 3121 TRADEWINDS TRAIL ORLANDO FL 32809	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 acce the obligations of registered agent.

SIGNATURE _____

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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May E Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME COLE, RITA STREET ADDRESS 3121 TRADEWINDS TRAIL CITY-ST-ZIP ORLANDO FL 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000013928 01/27/04-80002-016 158.75 ☐ Change ☐ Ad
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informe 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 dire 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Rita Cole* Rita Cole   01/20/04

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