

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90686 028 \*\*\*150.00

<b>DOCUMENT # P01000052086</b>		
<b>1. Entity Name</b> POOLE'S RENTAL, INC.		
<b>Principal Place of Business</b> 9006 GIBSONTON DR GIBSONTON, FL 33534	<b>Mailing Address</b> P O BOX 260502 TAMPA, FL 33685	
0427200415 No.Chg.P.D. CR2E034 (10/03)		
<b>4. FEI Number</b> 59-3730044		Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
<b>6. Name and Address of Current Registered Agent</b>		
TORTORELLO, JOHN 4822 BONITA VISTA DR. TAMPA, FL 33634		<b>DO NOT WRITE IN THIS SPACE</b>
<b>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.</b>		
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
<b>TITLE</b> P <b>NAME</b> POOLE, CLYDE <b>STREET ADDRESS</b> 9006 GIBSONTON DR <b>CITY-ST-ZIP</b> GIBSONTON, FL 33534	<b>DO NOT WRITE IN THIS SPACE</b>	
<b>TITLE</b> ST <b>NAME</b> POOLE, CYNTHIA <b>STREET ADDRESS</b> 9006 GIBSONTON DR <b>CITY-ST-ZIP</b> GIBSONTON, FL 33534		
<b>TITLE</b> V <b>NAME</b> TORTORELLO, JOHN V <b>STREET ADDRESS</b> 4822 BONITA VISTA DR. <b>CITY-ST-ZIP</b> TAMPA, FL 33634		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 		
<b>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 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.</b>		
<b>SIGNATURE:</b> <i>J. Tortorello</i> <b>VP</b> <span style="float: right;">4/11/04 813-886-6992</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		