

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90177 030 ***150.00

DOCUMENT # P01000066183

1. Entity Name

SPECIAL EVENT RENTALS, INC.



Principal Place of Business

**5435 SHIRLEY ST
NAPLES FL 34109**

Mailing Address

**5435 SHIRLEY ST
NAPLES FL 34109**



2. Principal Place of Business

5450 SHIRLEY ST
Suite, Apt. #, etc.

3. Mailing Address

5035 BLAUVELT WAY
Suite, Apt. #, etc.
#202

1st MOORE

CR2E034 (10/05)

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3731595

Applied For

Not Applicable

Zip

34109

Country

USA

Zip

34105

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CROOKER, MARY ANN
5435 SHIRLEY ST
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name

CROOKER, MARYANN

Street Address (P.O. Box Number is Not Acceptable)

5035 BLAUVELT WAY #202

City

NAPLES

FL

Zip Code

34105

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CROOKER, MARY A	
STREET ADDRESS	1729 MARSH RUN	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	V	<input type="checkbox"/> Delete
NAME	CROOKER, KENNETH	
STREET ADDRESS	1729 MARSH RUN	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LOVES, NERI	
STREET ADDRESS	10886 LONGSHORE WAY W	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5035 BLAUVELT WAY, #202	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	681 CARICA	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Mary Ann Crooker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10/06

Date

Daytime Phone #