

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90071 038 ***150.00

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1. Entity Name
FAMILY RENTALS OF SEFFNER, INC.



Principal Place of Business
**5413 US HWY 92 W
PLANT CITY, FL 33567**

Mailing Address
**5413 US HWY 92 W
PLANT CITY, FL 33567**

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3738764

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GLUSICA, NORMA
~~507 LITTLE EAGLE CT~~ **1314 EMERALD HILL**
VALRICO, FL 33594
WAY

**DO NOT WRITE
IN THIS SPACE**

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 *Norma Glusica* (NOTE: Registered Agent signature required when reinstating)

DATE 1-10-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **PRESEAU, GREGORY A**
STREET ADDRESS ~~4304 IMPERIAL EAGLE DR~~ **4302 DEER KNOLL CT**
CITY-ST-ZIP ~~VALRICO, FL 33594~~ **BRANDON FL 33511**

TITLE **ST**
NAME **GLUSICA, NORMA**
STREET ADDRESS ~~507 LITTLE EAGLE CT~~ **1314 EMERALD HILL**
CITY-ST-ZIP **VALRICO, FL 33594**
WAY

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IN THIS SPACE**

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 *Norma Glusica*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 813 7570662