


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000090200 1. Entity Name U.S. TENT RENTAL, INC.	
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Principal Place of Business
1760 EAST AVE N
STE C
SARASOTA, FL 34234

Mailing Address
1760 EAST AVE N
STE C
SARASOTA, FL 34234

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1136131

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOYLE, JANET A
464 E. ROYAL FLAMINGO DR
SARASOTA, FL 34236

**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 _____
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. ☐ \$5.00 May Be
Added to Fees

1100000388322
01/19/06-80074-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYLE, CLIFFORD A 5051 HOULE PLACE SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOYLE, TIMOTHY A 5144 SANDY SHORE AVE SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOYLE, BRIAN F 464 E. ROYAL FLAMINGO DR SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOYLE, JANET A 64 E. ROYAL FLAMINGO DR. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

Brian F. Boyle BRIAN F. BOYLE

1/11/06 (941) 957-0220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #