

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105293

Entity Name: BILL RENTS IT INC.

FILED  
Jul 14, 2005  
Secretary of State

## Current Principal Place of Business:

3202 CANAL PL  
LAND O LAKES, FL 34639

## New Principal Place of Business:

3649 KINGSBURY DRIVE  
HOLIDAY, FL 34691

## Current Mailing Address:

3202 CANAL PL  
LAND O LAKES, FL 34639

## New Mailing Address:

3649 KINGSBURY DRIVE  
HOLIDAY, FL 34691

FEI Number: 88-0341172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LEWIN, WILLIAM R II  
3202 CANAL PL  
LAND O LAKES, FL 34639 US

## Name and Address of New Registered Agent:

MCCALL, PHYLLIS  
3649 KINGSBURY DRIVE  
HOLIDAY, FL 34691 US

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.

SIGNATURE: PHYLLIS MCCALL

07/14/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEWIN, WILLIAM R II  
Address: 3202 CANAL PL  
City-St-Zip: LAND O LAKES, FL 34639

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LEWIN, WILLIAM R II  
Address: 3649 KINGSBURY DRIVE  
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R.LEWIN, II

P

07/14/2005

Electronic Signature of Signing Officer or Director

Date