2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State
04-28-2004 90173 027 ***150.00

DOCUMENT # P02000040741

1. Entity Name
D & V RENTALS, INC.

Principal Place of Business	Mailing Address
5328 SW 9TH PLACE CAPE CORAL, FL 33914	5328 SW 9TH PLACE CAPE CORAL, FL 33914

04112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0025078
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Kevin F. Jursinski, P.A.
2222 Second Street
Fort Myers, FL 33901

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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.

S
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VIANA, ROBERT
STREET ADDRESS	2 MALBONE RD
CITY-ST-ZIP	ASSONET, MA 02702
TITLE	D
NAME	DEMERS, HANK
STREET ADDRESS	5328 SW 9TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Hery A Demers 4-20-04 239-707-8655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Hery A Demers