## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000078575**

1. Entity Name

RENTAL CORPORATION OF NAPLES, INC.



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

Principal Place of Business

Mailing Address

4472 CORPORATE SQUARE BOULEVARD NAPLES, FL 34104

4472 CORPORATE SQUARE BOULEVARD NAPLES, FL 34104



DO NOT WRITE IN THIS SPACE

01102006 No Chg-P

CR2E034 (11/05)

FEI Number
 02-0633356

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

PITKIN, JERALD R ESQ. 801 ANCHOR RODE SUITE 203 NAPLES, FL 34103

## 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		<del></del>	· · · · · · · · · · · · · · · · · · ·	
Signature typed or printed name of registered agent and little it	applicable (NOTE Registered Agent sign	iature required when reinstating)	DATE	
		~ :	<del></del>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
DITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AYOUB, SYDNEY J 4472 CORPORATE SQUARE BOULEVARD NAPLES, FL 34104	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	,	
TIBLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET AODRESS CITY-ST-ZIP		
TITLE HAME STREET ADDRESS		

U00000388345 01/20/06-80001-005 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 outh; that I am an officer or diversity of the comporation 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 changed, or on an attachment with an address, with all other like ampowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ABORESS

EITY-ST-ZIP

ATURE AND TYPED OFFINITED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06

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