


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90013 011 \*\*\*150.00

<b>DOCUMENT # P02000083715</b> 1. Entity Name <b>ALMAR RENTALS AND MANAGEMENT SERVICES, INC.</b>	
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Principal Place of Business <b>UNIT G7, 1700 TAMiami TRAIL PORT CHARLOTTE, FL 33948</b>	Mailing Address <b>UNIT G7, 1700 TAMiami TRAIL PORT CHARLOTTE, FL 33948</b>
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**DO NOT WRITE IN THIS SPACE**



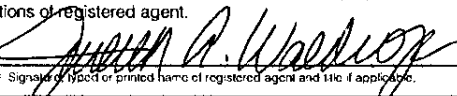
01312004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>02-0639107</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**WALDROP, JUDITH  
UNIT G7, 1700 TAMiami TR.  
PORT CHARLOTTE, FL 33948**

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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.

SIGNATURE 	DATE <b>1/31/04</b>
<small>Signature of Wood or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE PAIVA, EDWARD 3418 DECK ST PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DE PAIVA, ELIZABETH 3418 DECK ST PORT CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WALDROP, JUDITH A 22289 TENNYSON AVE PORT CHARLOTTE, FL 33954
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: 	Date <b>2/2/04</b>	Daytime Phone # <b>941-627-1465</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		