

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083715

FILED  
Feb 22, 2007  
Secretary of State

Entity Name: ALMAR RENTALS AND MANAGEMENT SERVICES, INC.

## Current Principal Place of Business:

19700 COCHRAN BLVD.  
SUITE A  
PORT CHARLOTTE, FL 33948

## New Principal Place of Business:

## Current Mailing Address:

19700 COCHRAN BLVD.  
SUITE A  
PORT CHARLOTTE, FL 33948

## New Mailing Address:

FEI Number: 02-0639107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALDROP, JUDITH  
UNIT G7, 1700 TAMIAMI TR.  
PORT CHARLOTTE, FL 33948 US

## Name and Address of New Registered Agent:

WALDROP, JUDITH A  
19700 COCHRAN BLVD.  
SUITE A  
PORT CHARLOTTE, FL 33948 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: JUDITH A WALDROP

02/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DE PAIVA, EDWARD  
Address: 3418 DECK ST  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: DPS ( ) Delete  
Name: DE PAIVA, ELIZABETH  
Address: 3418 DECK ST  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: VS ( ) Delete  
Name: WALDROP, JUDITH A  
Address: 22289 TENNYSON AVE  
City-St-Zip: PORT CHARLOTTE, FL 33954

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ELIZABETH DE PAIVA

DPS

02/22/2007

Electronic Signature of Signing Officer or Director

Date