## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

**DOCUMENT # P02000083715** 

 $\left( \left( \frac{1}{2} \right)^{\frac{1}{2}} \right)^{-\frac{1}{2}} = \left( \frac{1}{2} \right)^{\frac{1}{2}} \left( \frac{1}{2} \right)^{\frac{1}{2}} \left( \frac{1}{2} \right)^{\frac{1}{2}} + \frac{1}{2} \left( \frac{1}{2} \right)^{\frac{1}{2}} \left( \frac{1}{2} \right)^{\frac{1}{2}}$ 

3. 最初大大学基础制度,都属于2000年(1900年)

ALMAR RENTALS AND MANAGEMENT SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

19700 COCHRAN BLVD. SUITE A

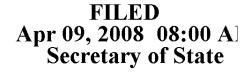
PORT CHARLOTTE, FL 33948

Mailing Address

19700 COCHRAN BLVD.

PORT CHARLOTTE, FL 33948

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03312008

No Chg-P

CR2E034 (11/05)

4. FEI Number 02-0639107

Applied For Not Applicable

5. Certificate of Status Desired

The state of the s

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALDROP, JUDITH A 19700 COCHRAN BLVD. SUITE A PORT CHARLOTTE, FL 33948 DO NOT WRITE IN THIS SPACE

the obligations of registered agent.						
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  [5] DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Campaign Financing d Contribution.		\$5.00 May Be Added to Fees	04/21/08-80023-018	150.80

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

10. OFFICERS AND DIRECTORS TITLE NAME DE PAIVA, EDWARD STREET ADDRESS 3418 DECK ST PORT CHARLOTTE, FL 33981 CITY-ST-ZIP TITLE DPS NAME DE PAIVA, ELIZABETH STREET ADDRESS **3418 DECK ST** CITY-ST-ZIP PORT CHARLOTTE, FL 33981 TITLE V\$ NAME WALDROP, JUDITH A STREET ADDRESS 22289 TENNYSON AVE

PORT CHARLOTTE, FL 33954

عَامِ إِنَّ إِنَّ مُنْكُمُ مِنْ أَنْ مُنْكُونِ لِمُعَلِّمُ مِنْ مُعَالِمُ مُنْكُونِ مُنْكُمُونِ مُنْكُمُونِ م DO NOT WRIT

12. I hereby certify that the information supplied with this filing 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 oath; that I am an officer or director of the corporation or the receive 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:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP