

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P02000083715

1. Entity Name
ALMAR RENTALS AND MANAGEMENT SERVICES, INC.



Principal Place of Business
**19700 COCHRAN BLVD.
SUITE A
PORT CHARLOTTE, FL 33948**

Mailing Address
**19700 COCHRAN BLVD.
SUITE A
PORT CHARLOTTE, FL 33948**



03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0639107

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000837521
04/21/08-80023-018 150.00**

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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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08 941-627-1465

Date

Daytime Phone #