


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90076 039 ***158.75

DOCUMENT # P02000088316	
1. Entity Name A & R RADIO RENTALS, INC.	

Principal Place of Business 7061 GRAND NATIONAL DRIVE STE 139 ORLANDO FL 32819	Mailing Address 4011 GREENBLUFF RD ZELLWOOD FL 32798
--	---

2. Principal Place of Business 7061 GRAND NATIONAL DR	3. Mailing Address
Suite, Apt. #, etc. SUITE 139	Suite, Apt. #, etc.
City & State ORLANDO FL	City & State
Zip 32819	Country ORANGE



MOORE CR2E034 (11/03)

4. FEI Number 11-3648474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOMBARDI, ALICE G 4011 GREENBLUFF RD ZELLWOOD FL 32798
--

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS	
TITLE PT	<input type="checkbox"/> Delete
NAME LOMBARDI, ALICE G	
STREET ADDRESS 4011 GREENBLUFF ROAD	
CITY-ST-ZIP ZELLWOOD FL 32798	
TITLE VPS	<input type="checkbox"/> Delete
NAME LOMBARDI, RONALD R	
STREET ADDRESS 4011 GREENBLUFF ROAD	
CITY-ST-ZIP ZELLWOOD FL 32798	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Alice G. Lombardi **4/19/04** **407-226-3410**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ALICE G. LOMBARDI