


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:0
Secretary of St

DOCUMENT # P02000090237 1. Entity Name LENNOX RENTALS, INC.	
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Principal Place of Business 2242 MAIN ST FT MYERS, FL 33901	Mailing Address POLVINISTER FARMHOUSE OBAN ARGYLL SCOTLAND PA34 5TN, XX
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04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3761997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HENDRY, HARRY O ESQ 2242 MAIN ST FT MYERS, FL 33901
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**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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LENNOX, MAGGIE POLVINISTER FARMHOUSE/ OBAN, ARGYLL PA34 5TH, SCOTLAND, OC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENNOX, IAN BRUCE POLVINISTER FARMHOUSE, OBAN ARGYLL PA34 5TN SCOTLAND.
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05/09/06-80109-005 150.00

**DO NOT WRITE
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:  IAN BRUCE LENNOX 4/21/06 744 1631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #