

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090237

Entity Name: LENNOX RENTALS, INC.

FILED
Jan 16, 2007
Secretary of State

Current Principal Place of Business:

2242 MAIN ST
FT MYERS, FL 33901

New Principal Place of Business:

5363 COLONADE CT
CAPE CORAL, FL 33904

Current Mailing Address:

POLVINISTER FARMHOUSE
OBAN
ARGYLL, SCOTLAND PA34 5TN,

New Mailing Address:

POLVINISTER FARMHOUSE
OBAN
ARGYLL, SCOTLAND PA34 5TN, OC

FEI Number: 59-3761997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARYBETH LEWIS-MCLAUGHLIN
HIGGINS, MCLAUGHLIN AND ASSOCIATES
3949 EVANS AVE, SUITE 302
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: LENNOX, MAGGIE
Address: POLVINISTER FARMHOUSE/ OBAN, ARGYLL
City-St-Zip: PA34 5TH, SCOTLAND, OC

Title: D () Delete
Name: LENNOX, IAN BRUCE
Address: POLVINISTER FARMHOUSE, OBAN ARGYLL
City-St-Zip: PA34 5TN SCOTLAND,

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: LENNOX, MAGGIE
Address: POLVINISTER FARMHOUSE, OBAN, ARGYLL
City-St-Zip: PA34 5TN, SCOTLAND, OC

Title: D (X) Change () Addition
Name: LENNOX, IAN BRUCE
Address: POLVINISTER FARMHOUSE, OBAN ARGYLL
City-St-Zip: PA34 5TN SCOTLAND, OC

Title: D () Change (X) Addition
Name: LENNOX, ALISON S
Address: POLVINISTER FARMHOUSE, OBAN ARGYLL
City-St-Zip: PA34 5TN SCOTLAND, OC

Title: D () Change (X) Addition
Name: LENNOX, ANDREW J
Address: POLVINISTER FARMHOUSE, OBAN ARGYLL
City-St-Zip: PA34 5TN SCOTLAND, OC

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: IAN BRUCE LENNOX

D

01/16/2007

Electronic Signature of Signing Officer or Director

Date