2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# P02000090237

Entity Name: LENNOX RENTALS, INC. **********

Current Principal Place of Business:

5363 COLONADE CT
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

MIMOSA COTTAGE
BOX, STROUD
GLOS., ENGLAND GL6 9HD, OC

New Mailing Address:

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:	MIMOSA COTTAGE, BOX, STROUD, GLOS.	
City-St-Zip:	ENGLAND GL6 9HD, OC	
Title:	D	( ) Delete
Name:	LENNOX, IAN BRUCE	
Address:	MIMOSA COTTAGE, BOX, STROUD, GLOS.	
City-St-Zip:	ENGLAND GL6 9HD, OC	
Title:	D	( ) Delete
Name:	LENNOX, ALISON S	
Address:	MIMOSA COTTAGE, BOX, STROUD, GLOS.	
City-St-Zip:	ENGLAND GL6 9HD, OC	
Title:	D	( ) Delete
Name:	LENNOX, ANDREW J	
Address:	2/1, 37 LAWRENCE ST, GLASGOW	
City-St-Zip:	G11 5HD SCOTLAND, OC	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 04/03/2009

Electronic Signature of Signing Officer or Director — Date