

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000091169

1. Entity Name  
RENTSAFE INC



Principal Place of Business  
P.O. BOX 1042  
GLEN ST. MARY, FL 32040 US

Mailing Address  
P.O. BOX 1042  
GLEN ST. MARY, FL 32040 US



03112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 05-0532207 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

DEFEE, JOSEPH H  
8227 NESBITT RD  
MACCLENNY, FL 32063

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000091499  
03/18/04-80011-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME DEFEE, GRACE  
STREET ADDRESS 8227 NEBETT RD  
CITY-ST-ZIP MACCLENNY, FL 32063

TITLE T  
NAME DEFEE, GRACE  
STREET ADDRESS 3227 NESBETT RD  
CITY-ST-ZIP MACCLENNY, FL 32063

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Joseph H. Defee JOSEPH H. DEFEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

Date

904.259.6936

Daytime Phone #