

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000091169

Entity Name: RENTSAFE INC

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8227 NESBITT RD  
MACCLENNY, FL 32063 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 05-0532207

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEFEE, JOSEPH H  
8227 NESBITT RD  
MACCLENNY, FL 32063 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DEFEE, GRACE  
Address: 8227 NESBITT RD  
City-St-Zip: MACCLENNY, FL 32063

Title: T  
Name: DEFEE, GRACE  
Address: 3227 NESBITT RD  
City-St-Zip: MACCLENNY, FL 32063

Title: S  
Name: DEFEE, JOSEPH H SECRETARY  
Address: 8227 NESBITT RD  
City-St-Zip: MACCLENNY, FL 32063 US

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH H. DEFEE

SECR

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date