

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State

05-02-2007 90072 012 ***150.00

DOCUMENT # P02000128463

1. Entity Name
THE RENTAL GALLERY INC.



Principal Place of Business
**3240 RIVER BRANCH CIRCLE
KISSIMMEE, FL 34741**

Mailing Address
**3240 RIVER BRANCH CIRCLE
KISSIMMEE, FL 34741**

2. Principal Place of Business - No P.O. Box #

**8 Broadway
SUITE L**

3. Mailing Address

**8 Broadway
SUITE L**

City & State
Kissimmee FL

City & State
Kissimmee, FL

Zip
34741

Country
USA

Zip
34741

Country
USA

04272007 Chg-P CR2E034 (12/06)

4. FEI Number
61-1433660

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SOTO, KEILA
3240 RIVER BRANCH CIRCLE
KISSIMMEE, FL 34741**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *x Keila Soto* DATE **4/30/7**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **SOTO, NATHAN**
STREET ADDRESS **3240 RIVER BRANCH CIRCLE**
CITY-ST-ZIP **KISSIMMEE, FL 34741**

TITLE **Keila Soto - officer** ☐ Delete
NAME **Keila Soto - officer**
STREET ADDRESS **3240 River Branch Cr.**
CITY-ST-ZIP **Kiss FL 34741**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *x Keila Soto* DATE **4/30/7**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR