



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000037061 1. Entity Name AGAPE RENTALS, CORP.	
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Principal Place of Business P.O. BOX 433 SPARR, FL 32192	Mailing Address P.O. BOX 433 SPARR, FL 32192
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DO NOT WRITE IN THIS SPACE


03062004 No Chg-P CR2E034 (10/03)
4. FEI Number 02-0682979 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURBEVILLE, JAMES A
13540 NE JACKSONVILLE RD
SPARR, FL 32192

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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 _____ (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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TURBEVILLE, JAMES A SR P.O. BOX 433 SPARR, FL 32192
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TURBEVILLE, LAURIE L P.O. BOX 433 SPARR, FL 32192
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/08/04-80034-021 150.00

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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)(f), 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: Laurie L. Turbeville LAURIE L. TURBEVILLE 4-5-04 352 629-6447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #