

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90023 028 ***150.00

DOCUMENT # P03000057202

1. Entity Name
TWILIGHT RENTAL, INC.



Principal Place of Business

**6692 E. MAGNOLIA ST.
MILTON, FL 32570**

Mailing Address

**6692 E. MAGNOLIA ST.
MILTON, FL 32570**

50000084



DO NOT WRITE IN THIS SPACE

01062006 No Chg-P CR2E034 (11/05)

4. FEI Number **03-0519356** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COSTA, JAMES F.
6692 E. MAGNOLIA ST.
MILTON, FL 32570**

**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]
Signature, typed or printed name of registered agent and title if applicable.

James F Costa

(NOTE: Registered Agent signature required when reinstating)

1/29/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **COSTA, JAMES F**
STREET ADDRESS **6692 E. MAGNOLIA ST.**
CITY- ST- ZIP **MILTON, FL 32570** *Delete*

TITLE **D**
NAME **Costa, Betty C**
STREET ADDRESS **6692 E Magnolia St**
CITY- ST- ZIP **Milton, FL 32570**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
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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 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:

Betty C Costa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-06

Date

850-623-8753

Daytime Phone #