

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000103582

1. Entity Name
RENTALS OF MARCO, INC.



Principal Place of Business
149 S. BARFIELD DRIVE
MARCO ISLAND, FL 34145

Mailing Address
149 S. BARFIELD DRIVE
MARCO ISLAND, FL 34145

FILED
Apr 14, 2008 08:00 A
Secretary of State



04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0382331	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMPTON, BARBARA
149 S. BARFIELD DRIVE
MARCO ISLAND, FL 34145

**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 _____ (NOTE: Registered Agent signature required when initiating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

000000896828
04/25/08-80023-013 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COMPTON, BARBARA
STREET ADDRESS 149 S. BARFIELD DRIVE
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE VPTD
NAME COMPTON, DEBORAH
STREET ADDRESS 149 S. BARFIELD DRIVE
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE SD
NAME COMPTON, JEFFREY
STREET ADDRESS 149 S. BARFIELD DRIVE
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Barbara Compton

Barbara Compton

4-10-08

239-394-2494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director's Phone