

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000124242

1. Entity Name
HUSBAND FOR RENT, INC.



Principal Place of Business
**514 CARRIAGE RD
INDIAN HARBOUR BCH, FL 32937**

Mailing Address
**514 CARRIAGE RD
INDIAN HARBOUR BCH, FL 32937**



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0649725

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHLICK, MATTHEW
514 CARRIAGE RD
INDIAN HARBOUR BCH, FL 32937**

**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 Matthew Schlick **Matthew Schlick Pres.** 01/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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 **P**
NAME **SCHLICK, MATTHEW**
STREET ADDRESS **514 CARRIAGE RD**
CITY-ST-ZIP **INDIAN HARBOUR BCH, FL 32937**

TITLE **V**
NAME **LEONE, ROSEMARY**
STREET ADDRESS **514 CARRIAGE RD**
CITY-ST-ZIP **INDIAN HARBOUR BCH, FL 32937**

TITLE **V**
NAME **COGNATA, RICHARD B**
STREET ADDRESS **927 WESTWOOD DRIVE**
CITY-ST-ZIP **MERRITT ISLAND, FL 32953**

TITLE **V**
NAME **ASHER, STEVE**
STREET ADDRESS **1343 HWY A1A, #7D**
CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000687630
04/10/07-80047-020 150.00

**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: Matthew Schlick 01/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #