## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P03000133833**

1. Entity Name

A. B. S. RENTAL SERVICES INC.



Principal Place of Business

5631 STALEY ROAD FORT MYERS, FL 33905

211

Mailing Address

5631 STALEY ROAD FORT MYERS, FL 33905

s us

## FILED Jan 10, 2007 8:00 am Secretary of State

01-10-2007 90048 009 \*\*\*150.00

700000



01082007

No Chg-P

CR2E034 (11/05)

4. FEI Number 77-0614374

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCNUTT, RHONDA 5631 STALEY ROAD FORT MYERS, FL: 33905

## DO NOT WRITE IN THIS SPACE

			- 1			
	named entity submits this statement for the plions of registered agent.	urpose of changing its re-	gistered offi	ce or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	٠,					
				Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Trust Fund Contrib	-		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS				· · · · · · · · · · · · · · · · · · ·
TITLE	P/D					
NAME	MCNUTT, RHONDA					
STREET ADDRESS	5631 STALEY ROAD					
CITY-ST-ZIP	FORT MYERS, FL 33905					
TITLE	s					
NAME	MCNUTT, RHONDA					
STREET ADDRESS	5631 STALEY ROAD					
CITY-ST-ZIP	FORT MYERS, FL 33905					
TITLE	T					
NAME	MCNUTT, RHONDA					
STREET ADDRESS	5631 STALEY ROAD				DO	NOT WOITE
CITY-ST-ZIP	FORT MYERS, FL 33905				טט	NOT WRITE
TITLE					INI '	THIS SPACE
NAME					117	IIIIO OFMUE
STREET ADDRESS						
CITY-ST-ZIP			ı			

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 embowered 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:

ITTLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TIFLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

139-275-1166

Daytime Phon