

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

02-10-2005 90060 040 ***150.00

DOCUMENT # P04000000405 1. Entity Name CLERMONT RENTALS, INC.			
Principal Place of Business 630 EMERALDA RD. SUITE 109 ORLANDO, FL 32808		Mailing Address 630 EMERALDA RD. SUITE 109 ORLANDO, FL 32808	
2. Principal Place of Business 630 A EMERALDA RD Suite, Apt. #, etc.		3. Mailing Address P.O. Box 561657 Suite, Apt. #, etc.	
City & State ORLANDO, FLORIDA Zip 32808		City & State ORLANDO, FLORIDA Zip 32856	
4. FEI Number 58-2679584		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		01132005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent OLEYAR, WILLIAM 630 EMERALDA RD. SUITE 109 ORLANDO, FL 32808		7. Name and Address of New Registered Agent Name OLEYAR, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 630 A EMERALDA Road City ORLANDO FL Zip Code 32808	
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: <i>William Oleyar</i> (NOTE: Registered Agent signature required when re-registering) DATE:			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing - Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLEYAR, WILLIAM 630 EMERALDA RD. SUITE 109 ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, J, T OLEYAR, WILLIAM 630 A EMERALDA Road ORLANDO, FL. 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLEYAR, HEATHER L 630 EMERALDA RD. SUITE 109 ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLEYAR, HEATHER 630 A EMERALDA Road ORLANDO, FL. 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLEYAR, HEATHER L 630 EMERALDA RD. SUITE 109 ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OLEYAR, WILLIAM 630 EMERALDA RD. SUITE 109 ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>William Oleyar</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>1/15/05</i> Date	