

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90122 031 \*\*\*150.00

**DOCUMENT # P04000058434**

1. Entity Name  
**FLORIDA CAMERA RENTALS, INC.**



Principal Place of Business  
**4114 HERSCHEL ST., STE. 105  
JACKSONVILLE, FL 32210**

Mailing Address  
**4114 HERSCHEL ST., STE. 105  
JACKSONVILLE, FL 32210**

**50007094**



03102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1011003**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JAMES A. NOLAN, P.A.  
4114 HERSCHEL ST., STE. 105  
JACKSONVILLE, FL 32210**

**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, 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, 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	PD
NAME	KOHL, MARK
STREET ADDRESS	6005 POWERS AVENUE, #401 2011 BELOTE PL
CITY-ST-ZIP	JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32207
TITLE	VPD
NAME	BEVERLIN, BOB
STREET ADDRESS	6005 POWERS AVENUE, #101 8056 Oakland PL
CITY-ST-ZIP	JACKSONVILLE, FL 32217 Orlando, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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:**

*Robert A. Zwick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/10/06*

Date

*407-299-1111*

Daytime Phone #