

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000086976

Entity Name: FLORIDA SALES & RENTAL, INC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

2677 US HWY 17 N.  
BOWLING GREEN, FL 33834

## New Principal Place of Business:

## Current Mailing Address:

2677 US HWY 17 N.  
BOWLING GREEN, FL 33834

## New Mailing Address:

FEI Number: 20-3013728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COBB, LAVON  
401 S 6TH AVENUE  
WAUCHULA, FL 33873 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COBB, LAVON  
Address: 401 S 6TH AVENUE  
City-St-Zip: WAUCHULA, FL 33873

Title: ST ( ) Delete  
Name: COBB, LINDA  
Address: 401 S 6TH AVENUE  
City-St-Zip: WAUCHULA, FL 33873

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,T (X) Change ( ) Addition  
Name: COBB, LAVON  
Address: 401 S 6TH AVENUE  
City-St-Zip: WAUCHULA, FL 33873

Title: V, S (X) Change ( ) Addition  
Name: COBB, LINDA  
Address: 401 S 6TH AVENUE  
City-St-Zip: WAUCHULA, FL 33873

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAVON COBB

P, T

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date