

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90832 041 \*\*\*158.75

**DOCUMENT # P05000159978**

1. Entity Name  
**FIRST CLASS RENTALS OF TAMPA BAY, INC.**



Principal Place of Business  
**1285 WISPER RUN COURT  
LUTZ, FL 33558**

Mailing Address  
**1285 WISPER RUN COURT  
LUTZ, FL 33558**

**40092784**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242007

Chg-P

CR2E034 (12/06)

4. FEI Number

**75-3204825**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SIMKINS, CHARLES W  
1285 WISPER RUN COURT  
LUTZ, FL 33558**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Charles W. Simkins*

**Charles W Simkins**

**April 25, 2007**

(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 PD  
NAME SIMKINS, CYNTHIA L  
STREET ADDRESS 1285 WISPER RUN COURT  
CITY- ST- ZIP LUTZ, FL 33558 ☐ Delete

TITLE SVTD  
NAME SIMKINS, CHARLES W  
STREET ADDRESS 1285 WISPER RUN COURT  
CITY- ST- ZIP LUTZ, FL 33558 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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 this 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 others like empowered.

SIGNATURE

*Cynthia L. Simkins*

President

**Cynthia Simkins**

**April 25, 2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #