## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## **Secretary of State** DOCUMENT # P06000030045 06-23-2008 90004 007 \*\*\*150.00 LIKE HOME RENTALS, INC. Principal Place of Business Mailing Address 22220-60TH AVE, EAST 22220-60TH AVE. EAST 40108954 BRADENTON, FL 34211 BRADENTON, FL 34211 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06102008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 27-0139483 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LINDAUER, DANIELLE M Street Address (P.O. Box Number is Not Acceptable) 22220-60TH AVE. EAST BRADENTON, FL 34211 City 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 Sgristure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution Due by September 12, 2008 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Change TITLE NAME LINDAUER, DANIELLE M NAME STREET ADDRESS STREET ADDRESS 22220-60TH AVE. EAST CITY-ST-ZIP BRADENTON, FL 34211 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADORESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-7/P CITY-ST-7P TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MALE MALAF STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP 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.

FILED

Jun 23, 2008 8:00 am

7-10-08