

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000073956

Entity Name: FLORIDA RENTAL OPTIONS, INC.

FILED
Oct 24, 2007
Secretary of State

Current Principal Place of Business:

7901 KINGSPONTE PARKWAY
SUITE 30
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

205 S. DIXIE DRIVE
#2001
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 45-0544101 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOFFORD, RAY
3560 CRUMP ROAD
WINTER HAVEN, FL 33881 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, LISA J
Address: 2950 CRUMP RD.
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: STD () Delete
Name: WOFFORD, XIOMARA
Address: 3560 CRUMP ROAD
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: T () Delete
Name: SHEPHERD, KIM
Address: 10515 CASPAR COURT
City-St-Zip: ORLANDO, FL 32817 US

Title: V () Delete
Name: WOFFORD, ERNEST RAY
Address: 3560 CRUMP ROAD
City-St-Zip: WINTER HAVEN, FL 33881 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SHEPHERD, KIM
Address: 10515 CASPAR COURT
City-St-Zip: ORLANDO, FL 32817 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ERNEST RAY WOFFORD

V

10/24/2007

Electronic Signature of Signing Officer or Director

_____ Date