## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000073956

City-St-Zip:

WINTER HAVEN, FL 33881 US

Entity Name: FLORIDA RENTAL OPTIONS, INC.

FILED Apr 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3560 CRUMP ROAD WINTER HAVEN, FL 33881 US **Current Mailing Address: New Mailing Address:** 6039 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884 FEI Number: 45-0544101 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOFFORD, RAY 3560 CRUMP ROAD WINTER HAVEN, FL 33881 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition WOFFORD, XIOMARA Name: SMITH, LISA J Name: 2950 CRUMP RD. 3560 CRUMP RD. Address: Address: City-St-Zip: WINTER HAVEN, FL 33881 US City-St-Zip: WINTER HAVEN, FL 33881 US Title: Title: STD () Delete (X) Change ( ) Addition Name: WOFFORD, XIOMARA Name: WOFFORD, ERNEST R 3560 CRUMP ROAD 3560 CRUMP ROAD Address: Address: WINTER HAVEN, FL 33881 US WINTER HAVEN, FL 33881 US City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition SHEPHERD, KIM Name: Name: 10515 CASPAR COURT Address: Address: City-St-Zip: ORLANDO, FL 32817 US City-St-Zip: Title: (X) Delete Title: () Change () Addition WOFFORD, ERNEST RAY Name: Name: Address: 3560 CRUMP ROAD Address:

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.

City-St-Zip:

SIGNATURE: ERNEST R WOFFORD P 04/23/2009