2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000095440

Entity Name: FLORIDA-SUN RENTALS.COM, INC.

FILED Apr 29, 2008 Secretary of State

Current Pr	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	RSHAM WAY		16605 SUNRISE LAK	ŒS BLVD	
DAVENPO	RT, FL 33897		3 CLERMONT, FL 347	7 14	
Current Ma	ailing Addres	s:	New Mailing Addres	New Mailing Address:	
106 HAVERSHAM WAY DAVENPORT, FL 33897			P.O. BOX 135009 CLERMONT, FL 347	P.O. BOX 135009 CLERMONT, FL 34714	
FEI Number:	59-3753771	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
604 N. HIG	EDWARD P II HWAY 27 A, FL 34715	US			
The above in the State		submits this statement for the pur	rpose of changing its register	ed office or registered agent, or both,	
SIGNATUR					
	Electron	ic Signature of Registered Agent	t	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS	S AND DIREC	rors:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () BOORMAN, PE [*] 106 HAVERSHA DAVENPORT, F	M WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BOORMAN, PE ⁻ 106 HAVERSHA DAVENPORT, F	M WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () BOORMAN, PE 106 HAVERSHA DAVENPORT, F	M WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () BOORMAN, SUS 106 HAVERSHA DAVENPORT, F	M WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () BOORMAN, SUS 106 HAVERSHA DAVENPORT, F	M WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BOORMAN, SUS 106 HAVERSHA DAVENPORT, F	M WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: SUSAN A BOORMAN VP 04/29/2008