

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000035424

Entity Name: RENTAL REPAIRS, INC.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

15803 1ST STREET EAST
REDING TON BEACH, FL 33708 US

New Principal Place of Business:

15803 1ST STREET EAST
REDINGTON BEACH, FL 33708 US

Current Mailing Address:

15803 1ST STREET EAST
REDING TON BEACH, FL 33708 US

New Mailing Address:

15803 1ST STREET EAST
REDINGTON BEACH, FL 33708 US

FEI Number: 26-2355454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, DAVID
15803 1ST STREET EAST
REDING TON BEACH, FL 33708 US

Name and Address of New Registered Agent:

WILLIAMS, DAVID
15803 1ST STREET EAST
REDINGTON BEACH, FL 33708 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:

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WILLIAMS, DAVID
Address: 15803 1ST STREET EAST
City-St-Zip: REDING TON BEACH, FL 33708 US

Title: VSD () Delete
Name: WILLIAMS, ANDREA
Address: 15803 1ST STREET EAST
City-St-Zip: REDING TON BEACH, FL 33708 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: WILLIAMS, DAVID
Address: 15803 1ST STREET EAST
City-St-Zip: REDINGTON BEACH, FL 33708 US

Title: VSD (X) Change () Addition
Name: WILLIAMS, ANDREA
Address: 15803 1ST STREET EAST
City-St-Zip: REDINGTON BEACH, FL 33708 US

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: DAVID WILLIAMS

PTD

04/08/2009

Electronic Signature of Signing Officer or Director

Date