**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)** 

DOCUMENT # P93000080666  1. Entity Name RENT FIRST REALTY INC.						May 02, 2005 08:00 AM Secretary of State					M
Principal Place of Business				Mailing Address			1				
11723 N ARMENIA AVE				PO BOX 272670 TAMPA FL 33688							
TAMPA FL 3	33612		I AW	FA FL 33000							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			- 1 s	st MOORE	CR2E034	(10/04)	
				City & State			A FELStone				pplied For
City & State			City	/ & State		4. FEI Numb	59-3212926			lot Applicat	
Zip	Zip Country		Zip	Zip Co		ntry	5. Certificate	e of Status Desired		<b>8.75</b> Ad	
	C. Name and Addrson of Current		Current Register	Registered Agent		<u> </u>	7. Name and Address of New Registered Agent		 ∍q		
6. Name and Address of Current Registered Agent						Name	- 1, Manie an	a radiose of toll 11	- M.O.D. O. O.		
BURGER, JOHN JR						Street Address	(P.O. Box Numb	per is Not Acceptable	\	=, -	-
	MENIA AVE					- To Not Acceptable	, 				
TAMPA FL 33612											
						City			FL	Zip Cod	de
8. The above	named entity	submits this state	ement for the purp	oose of changing its	s register	ed office or registe	red agent, or bo	oth, in the State of Flo	rida. I am fa	<u></u> ımiliar with	and acces
the obligations of registered agent.											
SIGNATURE  Separation hand or purpose page of requiring a gent and talls of applicables (NOTE Requiring a group signature acquired when reinstalling)  DATE											
Signature, y part of printed mane of egistates agent and state in opposition											
After	May 1, 200	!! FEE IS \$150 5 Fee Will Be \$ 5 Florida Depart	550.00					9. Election Campa Trust Fund Conf		<u>-</u>	.00 May E led to Fees
10.		OFFICE	RS AND DIRECTO	DRS	11.		ÁDDITIONS	CHANGES TO OFF)	ČĒRS AND I	DIRECTOR	
TITLE	PST			☐ Delete	TITL	į				Change	
NAME BURGER, JOHN JR SIRFET ADDRESS PO BOX 272670					NAN STR	FET ADDRESS		00000035 05/03/05-80	3470	~ 1EO	nn
CITY - ST - ZIP	TAMPA FL				•	/ SI-7IP		<i>05/03/05=</i> 80	061-010	) 150.	UU
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CiTY+ST-ZIP						Y-ST-ZIP	<del> </del>		-	Channa	- Т-
HTLE NAME				☐ Delete	TITE NAM	i				☐ Change	□,
STREET ADDRESS					STR	EET ADDRESS					
CITY - ST - ZIP						Y-ST-ZIP					
12. i hereby	certify that th	e information supp rt or supplemental	olied with this filing	g does not qualify for accurate and that	or the exc	emption stated in S ature shall have the	ection 119.07(3 same legal effe	i)(i), Florida Statutes. I ect as if made under o tes, and that my name	l further certi path; that I a	fy that the m an office	information ∍r or dire∴.
of the cor	rporation or t	he receiver or trus achment with an a	tee empowered to ddress, with all o	o execute this repor ther like empowered	rt as requ d	ired by Chapter 60	7, Florida Statu	tes, and that my name	e appears in	Block 10	or Block 11
		( ) L	, , f	John	7	~ / h		Hulan	012/1	19	1
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dail Dail Daylor Phone #											

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