2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

t with an address, with all other like

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 10, 2006 8:00 am Secretary of State DOCUMENT # P93000080666 05-10-2006 90099 008 ***150.00 RENT FIRST REALTY INC. Mailing Address Principal Place of Business +11723 N ARMENIA AVE PO BOX 272670 **TAMPA FL 33688** TAMPA FL 33612-Principal Place of Business 3. Mailing Address 62 W. Fletcher Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number 59-3212926 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Vo hn BURGER, JOHN JR Street Address (P.O. Box Number 11723 N-ARMENIA AVE TAMPA FL 33612 its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity s the obligations of register SIGNATURE Signature, typed c (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE PST ☐ Delete TITLE BURGER, JOHN JR NAME NAME STREET ADDRESS / STREET ADDRESS PO BOX 272670 CITY-ST-718 **TAMPA FL 33688** CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TIT1 F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Chance Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the pecific or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of the corporation or the fece if changed, or on an attachmen

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