

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT



**DOCUMENT # P94000000447**

1. Entity Name  
**R.J. RENTALS INC.**

FILED

04 JUL 15 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |   |
|--|---|
| Principal Place of Business<br><b>5265 PIMLICO DR<br/>TALLAHASSEE, FL 32308 US</b> | Mailing Address<br><del>5265 PIMLICO DR<br/>TALLAHASSEE, FL 32308 US</del><br><b>POOR PAULS</b> |
|--|---|

|                                |   |
|--------------------------------|---|
| 2. Principal Place of Business | 3. Mailing Address<br><b>618 1/2 W. TENNESSEE</b> |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.                               |

|   |                               |                 |
|---|-------------------------------|-----------------|
| 07152004  | Chg-P                         | CR2E034 (10/03) |
| 4. FEI Number<br><b>59-3216196</b>  | Applied For<br>Not Applicable |                 |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |                 |

|                                       |                          |                                       |                          |
|---------------------------------------|--------------------------|---------------------------------------|--------------------------|
| City & State<br><b>TALLAHASSEE FL</b> |                          | City & State<br><b>TALLAHASSEE FL</b> |                          |
| Zip<br><b>32304</b>                   | Country<br><b>U.S.A.</b> | Zip<br><b>32304</b>                   | Country<br><b>U.S.A.</b> |

**6. Name and Address of Current Registered Agent**

**SMITH, JAMES R  
5265 PIMLICO DR  
TALLAHASSEE, FL 32308**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>SMITH, JAMES R<br/>5265 PIMLICO DR<br/>TALLAHASSEE, FL 32308</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |   |
|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>500039206055<br/>07/16/04--01002--004 **150.00</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *James R. Smith* **7/15/04** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #