2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9400006139

1. Entity Name

JOMÁR RENTAL COMPANY



FILED Jul 24, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

400 S 8TH ST

FERNANDINA BEACH, FL 32034

400 S 8TH ST

FERNANDINA BEACH, FL 32034



DO NOT WRITE IN THIS SPACE

07202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3229190

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, JOHN H 400 S 8TH STREET FERNANDINA BEACH, FL 32034			DO NOT WRITE IN THIS SPACE		
	e named entity submits this statement for the tions of registered agent.	e purpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and tit	tle if applicable. (NOTE: Registered	I Agent signature	required when rainstating)	DATE
-	LE NOWIII FEE IS \$150.00 ue by September 6, 2006	9. Election Campaign Finan Trust Fund Contribution.	cing	\$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. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRI C OBRIEN, JOHN H. 15326 LINDSTROM RD CROSBY, TX 77532 VP OBRIEN, GLADYS A 15326 LINDSTROM RD CROSBY, TX 77532 SP	ECTORS			U00000571786 07/25/06-80002-002 158.75
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	A00 S 8TH ST FERNANDINA BEACH, FL 32034 ITLE IAME ITREET ADDRESS ITTY-ST-ZIP 400 S 8TH ST FERNANDINA BEACH, FL 32034				NOT WRITE THIS SPACE
TITLE					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

7/19/06 (904) 261-2626