

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000048807	
1. Entity Name NATIVE RENTALS, INC.	

Principal Place of Business 5342 GULF DRIVE HOLMES BEACH, FL 34217	Mailing Address 5342 GULF DRIVE HOLMES BEACH, FL 34217
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DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0596084	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG
TROY H. MYERS, JR.
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237**

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IN THIS SPACE**

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 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000535281 05/08/06-80046-019 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST DUYTSCHAUER, SHAWN 5336 GULF DRIVE HOLMES BEACH, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUYTSCHAUER, SHAWN 5336 GULF DR HOLMES BEACH, FL 34217
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **SHAWN M. DUYTSCHAUER** 4/14/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #