

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90023 043 \*\*\*158.75

**DOCUMENT # P96000022377**

1. Entity Name  
**K.R.E.W RENTALS, INC.**



Principal Place of Business  
**P.O. BOX 758  
GONZALEZ, FL 32560**

Mailing Address  
**P.O. BOX 758  
GONZALEZ, FL 32560**

**44014958**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02172004 Chg-P CR2E034 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLIOTT, CHARLES L  
1698 N TATE SCHOOL RD  
GONZALEZ, FL 32560**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ELLIOTT, CHARLES L</b>	
STREET ADDRESS	<b>P.O. BOX 758</b>	
CITY-ST-ZIP	<b>GONZALEZ, FL 32560</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILBER, MICHAEL W</b>	
STREET ADDRESS	<b>4329 AVENIDA DEGOLF</b>	
CITY-ST-ZIP	<b>PAGE, FL 32571</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KIMREY, JOHNNY M</b>	
STREET ADDRESS	<b>5333 CHALKER RD</b>	
CITY-ST-ZIP	<b>CANTONMENT, FL 32533</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROGERS, RONALD E</b>	
STREET ADDRESS	<b>1620 TOBIAS RD</b>	
CITY-ST-ZIP	<b>CANTONMENT, FL 32533</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**

*Charles L. Elliott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-27-04**  
Date

**850 968 1216**  
Daytime Phone #



## Division of Corporations

Attachment

44014958

## Annual Report

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Document Number

P96000022377

Business Entity Name

K.R.E.W RENTALS, INC.

FEI Number

Not Applicable

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☒ Yes ☐ No \$8.75 each

## Principal Place of Business

Address

P.O. BOX 758

Suite, Apt. #, etc.

City, State

GONZALEZ

FL

Zip Code &amp; Country

32560

## Mailing Address

Address

P.O. BOX 758

Suite, Apt. #, etc.

City, State

GONZALEZ

FL

Zip Code &amp; Country

32560

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

ELLIOTT

CHARLES

L

-or- RA Business Name

Address

1698 N TATE SCHOOL RD

Suite, Apt. #, etc.

City, State

GONZALEZ

FL

Zip Code &amp; Country

32560

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.