

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000052694

Entity Name: Z BEST RENTALS, INC.

FILED  
Apr 08, 2008  
Secretary of State

## Current Principal Place of Business:

4878 PALM COAST PKWY NW  
PALM COAST, FL 321373636

## New Principal Place of Business:

## Current Mailing Address:

4878 PALM COAST PKWY NW  
PALM COAST, FL 321373636

## New Mailing Address:

FEI Number: 59-3388282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARNETT, SHERRY  
3032 PAINTERS WALK  
FLAGLER BEACH, FL 32136 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ARNETT, SHERRY  
Address: 3032 PAINTERS WALK  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VSTD ( ) Delete  
Name: ARNETT, JAN  
Address: 3032 PAINTERS WALK  
City-St-Zip: FLAGLER BEACH, FL 32136

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY ARNETT

PD

04/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date