

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000063243

Entity Name: SOUTHPONT RENTAL CORPORATION

FILED  
Apr 26, 2007  
Secretary of State

**Current Principal Place of Business:**

4453 S. ATLANTIC AVE.  
PONCE INLET, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**  
4453 S. ATLANTIC AVE.  
PONCE INLET, FL 32127

**New Mailing Address:**

FEI Number: 59-3411302      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOODWIN, MORRIS W  
150 DUNDEE ROAD  
2180 W SR 434 STE 5000  
DAYTONA BEACH SHORES, FL 321158 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: STD ( ) Delete  
Name: LINDQUIST, BRETT  
Address: 260 HORNBEAM  
City-St-Zip: LONGWOOD, FL 34748

Title: VP ( ) Delete  
Name: GALLOF, ALBERT  
Address: 6112 ST IVES BLVD  
City-St-Zip: ORLANDO, FL 32819

Title: P ( ) Delete  
Name: MUSSO, SALLY  
Address: 1208 NORTH LEE #10  
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition  
Name: LINDQUIST, BRETT  
Address: 1807 PALM VIEW COURT  
City-St-Zip: LONGWOOD, FL 32779

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: SALLY MUSSO

PRES

04/26/2007

Electronic Signature of Signing Officer or Director

Date