2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000023534

1. Entity Name
ISLAND PLACE RENTALS, INC.

Principal Place of Business	Mailing Address
550 1ST STREET	P O BOX 687
CEDAR KEY, FL 32625	CEDAR KEY, FL 32625

DO NOT WRITE IN THIS SPACE

03112005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3445982	Not Applicable

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

6. Name and Address of Current Registered Agent

LEINER, MIKE
1058 WHIDDON AVE
CEDAR KEY, FL 32625

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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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEINER, MICHAEL A.
STREET ADDRESS	1058 WHIDDON AVE
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	VP
NAME	LEINER, CINDY A.
STREET ADDRESS	1058 WHIDDON AVE
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000295405
04/09/05-80026-011 150.00

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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: _Cindy Leiner_   4/5/05   352/543-5305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #