


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90044 003 ***158.75

DOCUMENT # P97000062712	
1. Entity Name PINNACLE RENTAL HOMES, INC	

DO NOT WRITE IN THIS SPACE

80114398

2. Principal Place of Business 5260 W.Irlo Bronson Hwy		3. Mailing Address 5260 W.Irlo Bronson Hwy	
Suite, Apt. #, etc. Ste 115		Suite, Apt. #, etc. Ste 115	
City & State Kissimmee, FL		City & State Kissimmee, FL	
Zip 34746	Country USA	Zip 34746	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3471296		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name Lance, John W		
Street Address (P.O. Box Number is Not Acceptable)			
5260 W.Irlo Bronson Hwy, Ste 115			
City Kissimmee, FL			Zip Code 34746

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 *John W. Lance* **JOHN W. LANCE** **4-30-03** DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LANCE, JOHN W 5260 W.IRLO BRONSON HWY STE 115, KISSIMMEE, FL 34746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *John W. Lance* **JOHN W. LANCE** **4-30-03** **4073970850**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/02)