

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 04, 2005 8:00 am
Secretary of State**

05-04-2005 90102 041 ***150.00

DOCUMENT # P97000066458

1. Entity Name
AN OFFICER AND A RENTALMAN, INC.



Principal Place of Business
112 N RIDGEWOOD AVE
EDGEWATER, FL 32132

Mailing Address
112 N RIDGEWOOD AVE
EDGEWATER, FL 32132

DO NOT WRITE IN THIS SPACE

11
01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3460391	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCAFURI, PAUL V
2330 UNITY TREE
EDGEWATER, FL 32141

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IN THIS SPACE**

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 renaming)

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 SCAFURI, PAUL V
STREET ADDRESS 2330 UNITY TREE
CITY-ST-ZIP EDGEWATER, FL 32141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Paul V. Scafuri* PAUL V. SCAFURI 4/30/05 386-423-7437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #