## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 13, 2005 08:00 AN Secretary of State **DOCUMENT # P97000074996** 1. Entity Name DIVI RENTALS, INC. Principal Place of Business Mailing Address P.O. BOX 272442 10310 GREEN GROVE PLACE TAMPA, FL 33624 TAMPA, FL 33688-2442 US 03282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3507977 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FINDER, ALLAN E DO NOT WRITE 4706 RANCHWAY CT. **TAMPA, FL 33624** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U00000384681 04/13/05-889001-018 158.75 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE NAME FINDER, ALLAN E STREET ADDRESS 10310 GREEN GROVE MACE C/FY-ST-ZIP **TAMPA, FL 33624** ΒΠ£ NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 impowered 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR