


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000089768
 1. Entity Name
441 RENTALS, INC.



Principal Place of Business Mailing Address
3930 S PINE AVE **3300 SE 56 AVE**
OCALA, FL 34480 **OCALA, FL 34471**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0788962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, GARY L
3300 SE 56 AVE
OCALA, FL 34471

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

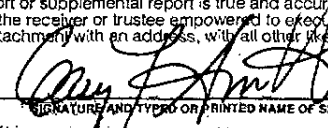
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, GARY L 3300 S E 56TH AVENUE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 01/07/05-80048-003 150.00

DO NOT WRITE 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 fees empowered.

SIGNATURE:  **GARY L. SMITH** 1/5/04 352 629 7936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Inc. Phone #