2004 FOR PROFIT CORPORATION ANNUAL REPORT				FILED			
DOCUMENT # P98000053602 1. Entity Name RENT TO OWN, INC.				Jan 15, 2004 08:00 AM Secretary of State			
Principal Plac 2118 W CAS TAMPA, FL	S ST	Mailing Address 2118 W CASS ST TAMPA, FL 33606 US					
				01092004	No Chg-P	CR2E034	(10/03)
				4. FEI Numbe 59-351	6906	- \$8	Applied For Not Applicable 75 Additional
		· · · · · · · · · · · · · · · · · · ·		5. Certificate	of Status Desired		Required
BERNHAR 2118 W C/ TAMPA, F		rgistered Agent	-				
<ol> <li>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.</li> <li>SKSNATURE</li></ol>							
Signature, typed or privad name of registered agent and tale # applicable. (NOTE: Registered Agent signature required when reinstang) OATE							
File NOWIII FEE IS \$150.00       9. Election Campaign Financing       \$5.00 May Be         After May 1, 2004 Fee will be \$530.00       Trust Fund Contribution.       Image: Contribution for the set of the							
10.	OFFICERS AND D	RECTORS	-1				
TITLE NAME STREET ADDRESS CITY-ST-ZP	BERNHARD, AMITY 2116 W. CASS ST TAMPA, FL 33606				HAAAA	1005211	
TITLE NAME STREET ADDRESS CITY-ST-ZP	STD WHITACRE, WHITNEY W 2118 W CASS ST TAMPA, FL 33606				81/15/04	-80058-0	17 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMIDHUM, SHERI 2118 W CASS ST TAMPA, FL 33606						
TITLE NAME STREET ADDRESS CITY-ST-ZP							
RTLE NAME STREET ADDRESS CITY-ST-ZP							
THLE NAME STREET ADDRESS CITY-ST-ZP					<u></u>		
12. I hereby certify that the information supplied with this filling does not cualify 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 teceiver 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: SIGNATURE: SIGNATURE BOUND OF PRINTED RAME OF SIGNAG OFFICER OF DIRECTOR Course of Statutes and that my name appears in Block 10 or Block 11 if the same legal effect as if made under oath, that I am and the same legal of the statutes; and that my name appears in Block 10 or Block 11 if the changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE OF PRINTED RAME OF SIGNAG OFFICER OF DIRECTOR SIGNATURE OF Printed RAME OF SIGNAG OFFICER OF DIRECTOR SIGNATURE AND TYPED OF PRINTED RAME OF SIGNAG OFFICER OF DIRECTOR SIGNATURE OF Printed RAME OF SIGNAG OFFICER OF DIRECTOR SIGNATURE AND TYPED OF PRINTED RAME OF SIGNAG OFFICER OF DIRECTOR							
SIGNAT	SIGNATURE AND TYPED OR PRI	INTED NAME OF SIGNING OFFICER OR DIRE	CTOR CTOR	DENT	0et	Cora Dayon	2637-1560 R Phone #

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