


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90023 039 \*\*\*150.00

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # P98000077666</b><br>1. Entity Name<br><b>JUST RIGHT RENTALS, INC.</b>   |   |  |   |    |  |
| Principal Place of Business<br><b>106 LONGHORN RD. 5415 Lake Howell Rd #327</b><br><b>WINTER PARK, FL 32792</b>   |   |  |   | Mailing Address<br><b>5415 Lake Howell Rd #327</b><br><b>WINTER PARK, FL 32792</b>  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |  |   | 3. Mailing Address<br><b>5415 Lake Howell Rd #327</b>   |  |
| City & State<br><b>Winter Park FL</b>   |   |  |   | 4. FEI Number<br><b>59-3541845</b>  |  |
| Zip<br><b>32792</b>   |   |  |   | Country<br><b>USA</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |   | 01152005 Chg-P CR2E034 (10/03)  |  |
| 6. Name and Address of Current Registered Agent<br><b>MUSSER, JENNIFER R</b><br><b>106 LONGHORN RD.</b><br><b>WINTER PARK, FL 32792</b>   |   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Same</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>5415 Lake Howell Rd. #327</b><br>City <b>Winter Park FL</b> Zip Code <b>32792</b> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MUSSE, JENNIFER R<br>106 LONGHORN RD.<br>WINTER PARK, FL 32792   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>5415 Lake Howell Rd #327</b><br><b>Winter Park, FL 32792</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MUSSE, ROBERT D SR.<br>106 LONGHORN RD.<br>WINTER PARK, FL 32792 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>5415 Lake Howell Rd #327</b><br><b>Winter Park, FL 32792</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LAURENCELL, RICHARD<br>108 LONGHORN RD.<br>WINTER PARK, FL 32792 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LAURENCELL, BONNIE<br>108 LONGHORN RD.<br>WINTER PARK, FL 32792  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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. |   |  |   |   |  |
| <b>SIGNATURE:</b> <u><i>Jennifer Musser Pres</i></u> <b>1/23/05</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |  |   |   |  |