

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90025 043 ***150.00

DOCUMENT # P98000100910

1. Entity Name
SUGARHILL RENTALS, INC.



Principal Place of Business
1324 S MAIN ST
BELLE GLADE, FL 33430

Mailing Address
1324 S MAIN ST
BELLE GLADE, FL 33430

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3549287

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, H E
1324 S. MAIN ST
BELLE GLADE, FL 33430

7. Name and Address of New Registered Agent

Name Barbara H. Alston
Street Address (P.O. Box Number is Not Acceptable)
1324 South Main Street
City Belle Glade FL 33430

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 Barbara H. Alston 2/18/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HILL, H.E.	
STREET ADDRESS	1324 S MAIN ST	
CITY-ST-ZIP	BELLE GLADE, FL 33430	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALSTON, BARBARA H	
STREET ADDRESS	1324 S MAIN ST	
CITY-ST-ZIP	BELLE GLADE, FL 33430	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSTON, BARBARA H.	
STREET ADDRESS	1324 South Main Street	
CITY-ST-ZIP	Belle Glade FL 33430	
TITLE	V.P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mailman, Jennifer E	
STREET ADDRESS	6856 S.W. Chase Court	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOPPMANN, Robert	
STREET ADDRESS	1417 Horseshoe Tract	
CITY-ST-ZIP	West Palm Beach FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Barbara H. Alston 2/18/08 561-996-4524
Signature and typed or printed name of signing officer or director Date Daytime Phone #