2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000046020

1. Entity Name INTRASTATE RENTALS, INC.



Principal Place of Business Mailing Address

918 ROOSEVELT AVE LEHIGH ACRES, FL 33972 918 ROOSEVELT AVE LEHIGH ACRES, FL 33972

FILED Mar 29, 2006 8:00 am Secretary of State

03-29-2006 90122 034 ***150.00



DO NOT WRITE IN THIS SPACE				03132006	No Chg-P	CR2E034	(11/05)
	O NOT WALLE	I IIIIO OFAI	CL	4. FEI Numbe 65-092			Applied For Not Applicable
							8.75 Additional
				5. Certificate	of Status Desired		ee Required
6. Name and Address of Current Registered Agent							
STUMBO, DARRYL 918 ROOSEVELT AVE. LEHIGH ACRES, FL 33972			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 Signature, typed or printed name of legistered agent and title if applicable. (NOTE: Registered Agent agenture required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			icing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	1					
TITLE	P						
NAME STREET ADORESS	STUMBO, DARRYL V 918 ROOSEVELT AVE						
CITY-ST-ZIP	LEHIGH, FL 33972		ŀ				
TITLE NAME STREET ADORESS CITY-ST-ZIP							
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TITLE				INI 7	TLIC CE		1

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 apport 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 experience.

SIGNATURE: _

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME

Plos

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3/15/06

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