

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000048571

1. Entity Name
SUGARLAND RENTALS, INC.



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

Mailing Address
1324 S MAIN ST
BELLE GLADE, FL 33430

FILED

05 OCT 18 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10132005 Chg-P CR2E034 (10/03)

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

ALSTON, CALVIN D
1324 S MAIN ST
BELLE GLADE, FL 33430

7. Name and Address of New Registered Agent

Name H.E. Hill
Street Address (P.O. Box Number is Not Acceptable) 1324 South Main Street
City Belle Glade FL Zip Code 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 *[Signature]* Pres H.E. Hill Pres/D 10/08/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HILL, HE
STREET ADDRESS 1324 S MAIN ST
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE VPD ☒ Delete
NAME ALSTON, CALVIN D
STREET ADDRESS 1324 S MAIN ST
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE S ☐ Delete
NAME MILLER, MONA L
STREET ADDRESS 1324 S MAIN ST
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 700060695287 ☐ Change ☐ Addition
NAME 10/18/05--01009--009 **\$61.25
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ALSTON, Barbara H
STREET ADDRESS 1324 S. main Street
CITY-ST-ZIP Belle Glade FL 33430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *[Signature]* Pres H.E. Hill Pres/D 10/8/05 561-722-3049
Signature and typed or printed name of signing officer or director Date Daytime Phone #