


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-05-2008 90025 044 ***150.00

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		
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	4. FEI Number 56-2541372	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <u>Barbara H Alston</u> Street Address (P.O. Box Number is Not Acceptable) <u>1324 South Main Street</u> City <u>Belle Glade</u> FL <u>33430</u>		
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 <u>Barbara H Alston</u> <u>Barbara H. Alston</u> <u>2/18/08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, HE 1324 S MAIN ST BELLE GLADE, FL 33430	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALSTON, BARBARA H 1324 S MAIN ST BELLE GLADE, FL 33430	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.D. Alston, Barbara H. 1324 South Main Street Belle Glade FL 33430	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.D. Maitman, Jennifer E 6856 S.W. Chase Court Stuart FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hoppmann, Robert 1417 Horseshoe Trace West Palm Beach FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hoppmann, Robert 1417 Horseshoe Trace West Palm Beach FL 33414	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hoppmann, Robert 1417 Horseshoe Trace West Palm Beach FL 33414	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Barbara H Alston</u> <u>Barbara H Alston</u> <u>2/18/08</u> <u>561-996-4524</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					