
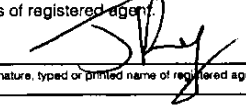
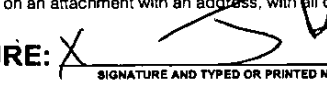


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90117 012 ***150.00

DOCUMENT # P99000057257							
1. Entity Name SUMMER RAYS RENTAL, INC.							
Principal Place of Business 64 OYSTER BAY LANE FORT MYERS BEACH, FL 33931			Mailing Address 64 OYSTER BAY LANE FORT MYERS BEACH, FL 33931				
2. Principal Place of Business 778 Oak Street		3. Mailing Address 778 Oak Street					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Fort Myers Beach, FL.		City & State Fort Myers Beach, FL.		4. FEI Number 65-0930186			
Zip 33931		Country USA		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent RAY, JANE M 64 OYSTER BAY LANE FT MYERS BEACH, FL 33931			7. Name and Address of New Registered Agent Name Jane Ray Street Address (P.O. Box Number is Not Acceptable) 778 Oak Street City Fort Myers Beach FL Zip Code 33931				
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: 		DATE: 4/7/06					
* Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE PT	NAME RAY, JANE M		<input type="checkbox"/> Delete	TITLE PT	NAME Jane Ray		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 64 OYSTER BAY LANE	CITY - ST - ZIP FORT MYERS BEACH, FL 33931			STREET ADDRESS 778 Oak Street	CITY - ST - ZIP Fort Myers Beach, FL. 33931		
TITLE VS	NAME RAY, PETER D		<input type="checkbox"/> Delete	TITLE VS	NAME Peter Ray		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 64 OYSTER BAY LANE	CITY - ST - ZIP FORT MYERS BEACH, FL 33931			STREET ADDRESS 778 Oak Street	CITY - ST - ZIP Fort Myers Beach, FL. 33931		
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY - ST - ZIP 			STREET ADDRESS 	CITY - ST - ZIP 		
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY - ST - ZIP 			STREET ADDRESS 	CITY - ST - ZIP 		
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY - ST - ZIP 			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: 				239-9400714			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			