

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 260627 1. Entity Name EQUIPMENT RENTAL SERVICE, INC.	
-------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1858 OKEECHOBEE BLVD. WEST PALM BEACH FL 33409	Mailing Address 1858 OKEECHOBEE BLVD. WEST PALM BEACH FL 33409
------------------------------------------------------------------------------------------	------------------------------------------------------------------------------



2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc	Suite, Apt. #, etc	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent MERCHANT, SHARON J 1858 OKEECHOBEE BLVD WEST PALM BEACH FL 33409	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
-----------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------

4. FEI Number 59-0972918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	MERCHANT, JEAN C
STREET ADDRESS	7210 WEST LAKE DRIVE
CITY - ST - ZIP	LAKE CLARKE SHORES FL 33406
TITLE	VD <input type="checkbox"/> Delete
NAME	MERCHANT, SHARON J
STREET ADDRESS	143 WENTWORTH CT
CITY - ST - ZIP	JUPITER FL 33458
TITLE	S <input type="checkbox"/> Delete
NAME	MERCHANT, LINDA R
STREET ADDRESS	144 WORTH COURT NO.
CITY - ST - ZIP	WEST PALM BEACH FL 33405
TITLE	T <input type="checkbox"/> Delete
NAME	MERCHANT, GLEN
STREET ADDRESS	1231 LAKESIDE DRIVE NO
CITY - ST - ZIP	LAKE WORTH FL 33460
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	U00000425005
STREET ADDRESS	02/18/06-80075-012 150.00
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 Section 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: Sharon J Merchant 1/30/06 (561) 683-640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #