

2004 FOR PROFIT CORPORATION ANNUAL REPORT

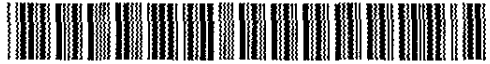
FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 550783
 1. Entity Name
CENTRAL FLORIDA EQUIPMENT RENTALS INC.



Principal Place of Business 9030 N.W. 97 TERRACE MEDLEY, FL 33178	Mailing Address 9030 N.W. 97 TERRACE MEDLEY, FL 33178
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04162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1782227	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAER, JAMES T.
 9030 NW 97 TERRACE
 MEDLEY, FL 33178

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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAER, JIM 434 S.W. 64 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAER, ROBERT 8420 SW 146 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAER, CAROL 434 S.W. 64 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAER, RICHARD 7411 SW 128 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/22/04-80079-002 150.00

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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: *James T. Baer* 4/16/04 (305) 888-3344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #