


2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2006 08:00 AM Secretary of State

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



Principal Place of Business      Mailing Address  
 9030 N.W. 97 TERRACE      9030 N.W. 97 TERRACE  
 MEDLEY, FL 33178      MEDLEY, FL 33178

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (1/1/05)

4. FEI Number      Applied For  
 59-1782227      Not Applicable

6. Certificate of Status Desired       \$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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2. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent's signature required when withdrawing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 2917 LAKESHORE DRIVE FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAER, ROBERT 7252 SW 98TH ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAER, CAROL 2917 LAKESHORE DRIVE FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAER, RICHARD 7900 SW 125TH ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000391339  
01/24/06-80038-009 150.00

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: James T. Baer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR