

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000085926

FILED
Jan 19, 2006
Secretary of State

Entity Name: ALLRENT EQUIPMENT CORPORATION

Current Principal Place of Business:

1684 AUSTIN LANE
ST AUGUSTINE, FL 32092

New Principal Place of Business:

1515 CR 210 WEST
201
JACKSONVILLE, FL 32259

Current Mailing Address:

1684 AUSTIN LANE
ST AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 75-3194057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLVD SUITE 504
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: LYNCH, GINA
Address: 1684 AUSTIN LANE
City-St-Zip: ST AUGUSTINE, FL 32092

Title: PD () Delete
Name: LYNCH, MICHAEL
Address: 1684 AUSTIN LANE
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VD () Delete
Name: SILVESTRI, MARK R
Address: 1673 AUDTIN LANE
City-St-Zip: ST AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SILVESTRI, MARK R
Address: 1673 AUSTIN LANE
City-St-Zip: ST AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINA LYNCH

STD

01/19/2006

Electronic Signature of Signing Officer or Director

_____ Date