


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90697 038 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000027220


1. Entity Name
RENTAL EXPRESS, INC.



Principal Place of Business Mailing Address
 196 N. UNIVERSITY DRIVE 1921 NO. DIXIE HIGHWAY
 PEMBROKE PINES, FL 33024 US POMPANO BEACH, FL 33060-5045

2. Principal Place of Business 3. Mailing Address
8321 Pines Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pembroke Pines FL
 Zip Country Zip Country
33024 USA



04262004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0661037 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
SHOEMAKER, RICHARD L CPA
4331 N FEDERAL HWY
SUITE 405
FORT LAUDERDALE, FL 33308-5254

7. Name and Address of Now Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

I, the above named entity, submit 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: _____

FILE NOW! FEE IS \$150.00
After May 1, 2004 Fee will be \$850.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, KENNETH E	NAME	
STREET ADDRESS	5030 NE 26 TERR	STREET ADDRESS	
CITY-STATE-ZIP	LIGHTHOUSE POINT, FL 33064	CITY-STATE-ZIP	
TITLE	<input checked="" type="checkbox"/> Update	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEAL, ANITA	NAME	
STREET ADDRESS	5200 NW 56TH BLVD. STE I-307	STREET ADDRESS	
CITY-STATE-ZIP	COCONUT CREEK, FL 33073	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

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, partnership or trust registered to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or set forth in Block 11 with an address, with all titles, and employee, etc.

SIGNATURE: *Kenneth E Phillips* DATE: *4-24-04*
 PRESIDENT SECRETARY/TREASURER