


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90062 019 ***150.00

DOCUMENT # 219332	
1. Entity Name JENKINS EQUIPMENT RENTAL, INC.	

Principal Place of Business 12260 S.E. OLD DIXIE HIGHWAY P.O. BOX 922 HOBE SOUND FL 33475-0922	Mailing Address 12260 S.E. OLD DIXIE HIGHWAY P.O. BOX 922 HOBE SOUND FL 33475-0922
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2. Principal Place of Business	3. Mailing Address 9416 SE Mercury St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hobe Sound, Florida	City & State Hobe Sound, Florida
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Zip 33455	Country USA
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1st MOORE CR2E034 (10/04)

4. FEI Number 59-0856454	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JENKINS, DOROTHY G. 5214 INKWOOD WAY P.O. BOX 922 HOBE SOUND FL 33455	
7. Name and Address of New Registered Agent Name Dorothy G. Jenkins Street Address (P.O. Box Number is Not Acceptable) 9416 SE Mercury St. City Hobe Sound FL Zip Code 33455	

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 *Dorothy G. Jenkins* **Dorothy G. Jenkins** **2/15/05**
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JENKINS, DOROTHY G P.O. BOX 922 HOBE SOUND FL 33475 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Jenkins, Dorothy G 9416 SE Mercury St. Hobe Sound, Florida 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS BABIONE, JEANNIE M. 12391 INDIAN RIVER DR. HOBE SOUND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Nancy E. Jenkins II 12390 SE Indian River Dr. Hobe Sound, Florida 33455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dorothy G. Jenkins* **Dorothy G. Jenkins** **2/15/05** **772-545-6734**
Signature and typed or printed name of signing officer or director Date Daytime Phone #