

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90840 027 ***150.00

DOCUMENT # 307682

1. Entity Name
RENT-ALL EQUIPMENT SALES, INC.



Principal Place of Business
**8819 EXPRESSWAY EAST
JACKSONVILLE, FL 32211**

Mailing Address
**8819 EXPRESSWAY EAST
JACKSONVILLE, FL 32211**

40093198



2. Principal Place of Business - No P.O. Box #
8819 Arlington Expressway B
Suite, Apt. #, etc.

3. Mailing Address
8819 Arlington Expressway E
Suite, Apt. #, etc.

04232007 Chg-P CR2E034 (12/06)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-1390911
Applied For
Not Applicable

Zip Country
32211 USA

Zip Country
32211 USA

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

6. Name and Address of Current Registered Agent

**HAZOURI, PAMELA E
8819 EXPRESSWAY EAST
JACKSONVILLE, FL 32211**

7. Name and Address of New Registered Agent

Name
HAZOURI, PAMELA E.
Street Address (P.O. Box Number is Not Acceptable)
8819 Arlington Expressway E.

City **Jacksonville** **FL** Zip Code **32211**

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

Pamela E. Hazouri

PAMELA E. HAZOURI

4-27-07

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
HAZOURI, PAMELA E
8819 EXPRESSWAY E
JACKSONVILLE, FL 32211** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
HAZOURI, KENNETH
8819 EXPRESSWAY E
JACKSONVILLE, FL 32211** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FAIRCHILD, RONALD D
1000 RIVERSIDE AVE, STE 100
JACKSONVILLE, FL 32204** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
HAZOURI, PAMELA E.
8819 Arlington Expressway E.
Jacksonville, FL 32211** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
HAZOURI, JAMEY W.
8819 Arlington Expressway E.
Jacksonville, FL 32211** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Pamela E. Hazouri

PAMELA E. HAZOURI, Pres.

(904) 725-0544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #