2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 307682

Entity Name: RENT-ALL EQUIPMENT SALES, INC.

FILED Apr 23, 2008 Secretary of State

8819 ARLINGTON EXPRESSWAY EAST JACKSONVILLE, FL 32211

Current Mailing Address: New Mailing Address:

8819 ARLINGTON EXPRESSWAY EAST 1768 HAMMOCK CIR W JACKSONVILLE, FL 32211 JACKSONVILLE, FL 32225

FEI Number: 59-1390911 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAZOURI, PAMELA E
8819 ARLINGTON EXPRESSWAY EAST
JACKSONVILLE, FL 32211 US
HAZOURI, PAMELA E
1768 HAMMOCK CIR W
JACKSONVILLE, FL 32225 US

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: 04/23/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition

 Name:
 HAZOURI, PAMELA E
 Name:
 HAZOURI, PAMELA E

 Address:
 8819 ARLINGTON EXPRESSWAY EAST
 Address:
 1768 HAMMOCK CIR W

City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: JACKSONVILLE, FL 32225

Title: VSD () Delete Title: () Change () Addition

 Name:
 HAZOURI, JAMEY W
 Name:

 Address:
 8819 ARLINGTON EXPRESSWAY EAST
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32211
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 FAIRCHILD, RONALD D
 Name:

 Address:
 1000 RIVERSIDE AVE, STE 100
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32204
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PAMELA E. HAZOURI PTD 04/23/2008