

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 440291

FILED
Apr 28, 2008
Secretary of State

Entity Name: SUPERIOR EQUIPMENT RENTAL, INC.

Current Principal Place of Business:

5353 WEST BEAVER STREET
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 6400
JACKSONVILLE, FL 322366400 US

New Mailing Address:

FEI Number: 59-3040944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, LEROY S. JR.
5353 W. BEAVER ST.
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

STEVENS, LEROY S. JR.
5353 W. BEAVER ST.
JACKSONVILLE, FL 32254 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: _____

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEVENS, LEROY S. JR. .
Address: 5353 W BEAVER ST
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: EMS, VIVIAN M
Address: 5353 W. BEAVER ST.
City-St-Zip: JAX., FL 32254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
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: LEROY S. STEVENS JR.

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date