## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 29, 2008 08:00 AM Secretary of State

ANNUAL REPORT 🤝 🤭					red 29, 2008 08:00			
DOCUMENT # 455758  1. Entity Name KIRBY RENTAL SERVICE & SALES, INC.					S	ecreta	ry of Sta	
Principal Plac 411 HAMES ORLANDO, F		Mailing Address 411 HAMES AVENUE ORLANDO, FL 32805						
DO NOT WRITE IN THIS SPAC			CE	02262008 4. FEI Numb 59-154	4. FEI Number Applied For 59-1540817 Not Applicable  5. Certificate of Status Desired \$8.75 Additional			
	6. Name and Address of Current Re	gistered Agent			<del> </del>	Fee F	Required	
WEIDNER, PAUL E 411 HAMES AVE ORLANDO, FL 32805					NOT W			
the obligat	e named antity submits this statement for the dions of registered about			istered agent, or bo	th, in the State of Flor	rida. I am famili DATE	ar with, and accept	
		Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	HODOGE	1843422		
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIF SD BROWNE, BONNIE L 111 BRANTEY HALL LN LONGWOOD, FLORIDA 00000, V BROWNE, RICHARD S 1722 BAYSIDE BLVD. JACKSONVILLE, FL 00000.	RECTORS			03/11/08-	-2006900	98 150.0U	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	P WEIDNER, PAUL E 290 EAST HALIFAX OAK HILL, FL 32759			DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CD BROWNE, RICHARD C 111 BRANTLEY HALL LN LONGWOOD, FL 32779			IN T	THIS SP	ACE		
			1					

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/24/08 407-422-100/

7