

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


07-11-2008 90015 022 \*\*\*150.00  
F07000001487

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F07000001487  
Entity Name  
SPECIAL EVENT SERVICE & RENTAL, INC.



Principal Place of Business      Mailing Address  
6725 WHITTEN PLACE      PO BOX 341894  
MEMPHIS, TN 38133      BARTLETT, TN 38134

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07072008      Chg-P      CRZE034 (12/06)

4. FEI Number      Applied For  
**20-5937340**      Not Applicable

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

6. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCGHEE, STEVE		NAME				
STREET ADDRESS	6725 WHITTEN PLACE		STREET ADDRESS				
CITY-ST-ZIP	MEMPHIS, TN 38133		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RYAN, SEAN		NAME				
STREET ADDRESS	6725 WHITTEN PLACE		STREET ADDRESS				
CITY-ST-ZIP	MEMPHIS, TN 38133		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILLIAMS, GLORIA		NAME				
STREET ADDRESS	6725 WHITTEN PLACE		STREET ADDRESS				
CITY-ST-ZIP	MEMPHIS, TN 38133		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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: Gloria Williams Secretary      Date: 7/7/08      Daytime Phone: (901) 382-2333