

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005469

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: BEST RENTAL CORPORATION SOUTHEAST

**Current Principal Place of Business:**

3365 SKYWAY DRIVE  
AUBURN, AL 36830

**New Principal Place of Business:**

**Current Mailing Address:**

3365 SKYWAY DRIVE  
AUBURN, AL 36830

**New Mailing Address:**

FEI Number: 72-1350761

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOFTIN, CLARK  
12310 HIGHWAY 98  
PANAMA CITY BEACH, FL 32407 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PARKER, JAMES N  
Address: 3365 SKYWAY DRIVE  
City-St-Zip: AUBURN, AL 36830

Title: SD ( ) Delete  
Name: PARKER, LISALYN S  
Address: 3365 SKYWAY DRIVE  
City-St-Zip: AUBURN, AL 36830

**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: JAMES N. PARKER

PRES

04/25/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date