


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 10, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # F96048</b> 1. Entity Name ALPHA EQUIPMENT SALES & RENTAL CO.	
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Principal Place of Business 524 STOCKTON ST. JACKSONVILLE, FL 32204	Mailing Address 524 STOCKTON ST. JACKSONVILLE, FL 32204
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02072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2210651	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HOLBROOK, H. LEON 2301 INDEPENDENT SQUARE 1 INDEPENDENT DR. JACKSONVILLE, FL 32202
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**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAY, WILLIAM W 524 STOCKTON ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BOWLES, CARL 2804 ST JOHNS BLUFF JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD PAINTER, ROGER W. 7906 HOLIDAY ROAD SO JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, CLAUDE E., SR 6141 BOBBY PADGETT RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUJE, CURTIS E JR. 5720 SULLIVAN LANE, JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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- 02/10/05-80089-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Roger W Painter 2/8/2005 (904) 388-2696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROGER W PAINTER, VICE-PRESIDENT