

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96048**

1. Entity Name  
**ALPHA EQUIPMENT SALES & RENTAL CO.**



Principal Place of Business  
**524 STOCKTON ST.  
JACKSONVILLE, FL 32204**

Mailing Address  
**524 STOCKTON ST.  
JACKSONVILLE, FL 32204**



01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2210651</b>	Applied For <input type="checkbox"/>
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**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

UD00000596318  
01/23/07-80074-007 150.00

**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 BUIE, CURTIS E JR. 5720 SULLIVAN LANE, JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:**

*Roger W Painter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROGER W PAINTER 1/19/2007 (904) 388-2696**

Date

Daytime Phone #