

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96048

FILED
Mar 16, 2009
Secretary of State

Entity Name: ALPHA EQUIPMENT SALES & RENTAL CO.

Current Principal Place of Business:

524 STOCKTON ST.
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

524 STOCKTON ST.
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-2210651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLBROOK, H. LEON
2301 INDEPENDENT SQUARE 1 INDEPENDENT DR.
JACKSONVILLE, FL 32202 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: D () Delete
Name: GAY, WILLIAM W,
Address: 524 STOCKTON ST
City-St-Zip: JACKSONVILLE, FL

Title: PTD () Delete
Name: BOWLES, CARL,
Address: 2804 ST JOHNS BLUFF
City-St-Zip: JACKSONVILLE, FL

Title: PVD () Delete
Name: PAINTER, ROGER W.,
Address: 7906 HOLIDAY ROAD SO
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: HARRIS, CLAUDE E., S, R
Address: 6141 BOBBY PADGETT RD
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: BUIE, CURTIS E JR.
Address: 5720 SULLIVAN LANE,
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROGER W PAINTER

PVD

03/16/2009

Electronic Signature of Signing Officer or Director

Date