2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# H37420

Entity Name: CROM EQUIPMENT RENTALS, INC.

Current Principal Place of Business:

6801 S. W. ARCHER ROAD
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

6801 S. W. ARCHER ROAD
GAINESVILLE, FL 32608

New Mailing Address:

P O BOX 143190
GAINESVILLE, FL 32614

FEI Number: 59-2477297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PAVLIK, STEPHEN W.
250 SW 36TH TERRACE
GAINESVILLE, FL 32607

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: SIMPSON, R. BRUCE,
Address: 250 SW 36TH TERR.
City-St-Zip: GAINESVILLE, FL 32607

Title: DOV ( ) Delete
Name: HOLCOMB, JAMES L.,
Address: 6801 SW ARCHER RD.
City-St-Zip: GAINESVILLE, FL 32608

Title: DP ( ) Delete
Name: NEFF, JAMES A.,
Address: 250 SW 36TH TERR.
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete
Name: SAWYER, SAM,
Address: 250 SW 36TH TERR.
City-St-Zip: GAINESVILLE, FL 32607

Title: DST ( ) Delete
Name: PAVLIK, STEPHEN W.,
Address: 250 SW 36TH TERR.
City-St-Zip: GAINESVILLE, FL 32607

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 for the exemption stated in Section 119.07(3)(i), 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 L. HOLCOMB VP 04/26/2004

Electronic Signature of Signing Officer or Director — Date