2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 18, 2005 08:00 AM Secretary of State DOCUMENT # J05999 1. Entity Name EQUÍPMENT RENTAL, INC. Principal Place of Business Mailing Address **80 LILLIAN SPRINGS RD 80 LILLIAN SPRINGS RD** QUINCY, FL 32351 US QUINCY, FL 32351 US 03132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 31-1167324 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CARTNER, JACK O 220 TIMBERLANE RD TALLAHASSEE, FL 32312 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 signalure required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE CARTNER, JACK O. NAME STREET ADDRESS 220 TIMBERLAND RD COY-ST-ZIP TALLAHASSEE, FL 32312 000000267778 03/18/05-80015-017 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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, SIGNATURE

Daylime Phone #

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR