2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 05, 2005 08:00 AM Secretary of State **DOCUMENT # J49317** 1. Entity Name D & N RENTAL SALES, INC. Mailing Address Principal Place of Business 19531 GULF BLVD 19531 GULF BLVD **APT 606 APT 606** INDIAN SHORES, FL 33785 INDIAN SHORES, FL 33785 CR2E034 (10/03) 05022005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2774412 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent INGAILS, CHESTER W 3495 5TH AVE N. DO NOT WRITE ST. PETERSBURG, FL 33713 IN THIS SPACE 3. 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE HORD, RICHARD L NAME 19531 GULF BLVD, 606 STREET ADDRESS INDIAN SHORES, FL 33785 CITY-ST-7IP U00000363159 05/05/05-80146-022 150.00 TITLE NAME HORD, NAOMI STREET ANDRESS 19531 GULF BLVD, 606 INDIAN SHORES, FL 33785 CITY-SY-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 certify that I am an officer of 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.

A OFFICER OR DIRECTOR

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