

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K06548**

1. Entity Name  
**END OF THE ROAD EQUIPMENT RENTAL, INC.**



Principal Place of Business  
**C/O JOHN B. SCHARCH, SR.  
P.O. BOX 512  
BIG PINE KEY, FL 33043**

Mailing Address  
**C/O JOHN B. SCHARCH, SR.  
P.O. BOX 512  
BIG PINE KEY, FL 33043**



03162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0022645**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHARCH SR., JOHN B.  
30770 OVERSEAS HWY  
BIG PINE KEY, FL 33043**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DPV
NAME	SCHARCH SR., JOHN B.
STREET ADDRESS	SANDY CIRCLE RD.
CITY-ST-ZIP	BIG PINE KEY, FL
TITLE	DST
NAME	SCHARCH, MELANIE R.
STREET ADDRESS	SANDY CIRCLE RD.
CITY-ST-ZIP	BIG PINE KEY, FL
TITLE	D
NAME	SCHARCH, JR, JOHN
STREET ADDRESS	30770 OVERSEAS HWY
CITY-ST-ZIP	BIG PINE KEY, FL 33043
TITLE	D
NAME	SCHARCH, MATHEWS C
STREET ADDRESS	267 W SANDY CIRCLE ROAD
CITY-ST-ZIP	BIG PINE KEY, FL 33043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/05-80009-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/05 305 8722060