


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



**DO NOT WRITE IN THIS SPACE**

03162005 No Chg-P CR2E034 (10/03)

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

U00000317210  
04/20/05-80009-019 150.00

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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: Melanie Scharch 4/15/05 305 8722060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #