2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 14, 2004 8:00 am

CONSTRUCTION RENTAL, INC. Principal Place of Business 100 CORPORATION WAY VENCE FL 34282 2. Principal Place of Business Suite, Act F, etc. Suit	DOCUMENT # K76363 1. Entity Name					Secretary of State 04-14-2004 90075 001 ***150.00				
100 CORPORATION WAY	CONSTR	JCTION RENTAL, INC.								
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Second Country Zip Country Zip Country Second	Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIGNESS, GORDON SOT W. ALBEE RD. NOKOMIS FL 34275 City FL Zip Code B. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature body presonanced registered agent. SIGNATURE Signature body a presonanced registered agent. MARC May 1; 2004 Fee will be \$550.00 After May 1; 2004 Fee will be \$550.00 After May 1; 2004 Fee will be \$550.00 STREET ADDRESS GORDON S	City & State		City & State			4. FI	El Number 65-0110533			
BIGNESS, GORDON SO1 W. ALBEE RD. NOKOMIS FL 34275 B. 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 FILE NOW!!! FEE IS \$150.00 After May 1; 2004 Fee will be \$550.00 Make Check Psyable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITEM MAKE BIGNESS, GORDON STRET ADDRESS 501 W ALBEER D OFFICERS AND DIRECTORS TILE SIGNASS SO1 W ALBEER D OFFICERS AND DIRECTORS TILE SIGNASS, SORDON STRET ADDRESS SO1 W ALBEER D OFFICERS AND DIRECTORS TILE SIGNASS, SORDON STRET ADDRESS SO1 W ALBEER D OFFICERS AND DIRECTORS TILE SIGNASS, SORDON STRET ADDRESS SOTH ST-2P TILE SIGNASS, SORDON STRET ADDRESS SOTH ST-2P TILE SIGNASS, SORDON STRET ADDRESS SOTH ST-2P TILE STRET ADDRESS SOTH ST-2P TILE STRET ADDRESS ST	Zip	Country	Zip	Country	_	5. C	ertificate of Status Desired			
BIGNESS, GORDON SOT W. ALBEE RD. NOKOMIS FL 34275 City FL Zip Code		6. Name and Address of Curren	t Registered Agent			7. N	ame and Address of New Regi			
SOT W. ALBEE RD. NOKOMIS FL 34275 City FL Zip Code	=	Name_	Name							
Ety City FL Zip Code 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 farmillar with, and accept the obligations of registered agent. SIGNATURE Signature typed or printed reare of registered agent. (INOTE Registered Agent spokes) Part	501	W. ALBEE RD.		Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
A. 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 rame of registered agent agent and size if rippkcabbs (MOTE Registered Agent signature required when recitating) P. ELLE NOW!!! FEE IS \$150.00 After May 1; 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE P. SIGNESS, GORDON BIGNESS, GORDON SIRE! ADDRESS CITY-51-2P TILE S DIW ALBEE RD NOKOMIS FL 34275 TILE S DIW ALBEE RD NOKOMIS FL 34275 TILE VP BIGNESS, NANCY SIRE! ADDRESS CITY-51-2P TILE VP BIGNESS, PAUL TILE VP Change Addition TILE MAKE SIRE! ADDRESS CITY-51-2P Change Addition	INO	NOMIS FL 342/5								
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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, with all other like empowered.

De SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-484-0454