


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L14865 1. Entity Name SOUTH FLORIDA EQUIPMENT RENTAL, INC.						FILED 04 AUG -5 PM 12: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business % DOUGLAS A. HOLT 5330 S.W. 7TH STREET MARGATE, FL 33068				Mailing Address % DOUGLAS A. HOLT 5330 S.W. 7TH STREET MARGATE, FL 33068			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0141445				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOLT, DOUGLAS A. 5330 S.W. 7TH STREET MARGATE, FL 33068				7. Name and Address of New Registered Agent Name Patricia A. Holt Street Address (P.O. Box Number is Not Acceptable) 5330 SW 7 Street City Margate FL Zip Code 33068			
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 <u>Patricia A. Holt</u> <u>President</u> <u>7/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPS HOLT, DOUGLAS A.	<input type="checkbox"/> Delete	TITLE	DUPS Holt, Douglas A. 5330 SW 7th Street Margate, FL 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	5330 SW 7TH STREET		STREET ADDRESS	5330 SW 7th Street			
CITY-ST-ZIP	MARGATE, FL		CITY-ST-ZIP	Margate, FL 33068			
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLT, PATRICIA A.		NAME	Holt, Patricia A.			
STREET ADDRESS	5330 SW 7TH STREET		STREET ADDRESS	5330 SW 7th Street			
CITY-ST-ZIP	MARGATE, FL		CITY-ST-ZIP	Margate, FL 33068			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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, with all other like empowered.							
SIGNATURE: Patricia A. Holt <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				7/30/04 <small>Date</small>		954-974-0007 <small>Daytime Phone #</small>	