

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L14865

1. Entity Name

SOUTH FLORIDA EQUIPMENT RENTAL, INC.



Principal Place of Business

**C/O PATRICIA A HOLT
5330 S.W. 7TH STREET
MARGATE, FL 33068**

Mailing Address

**C/O PATRICIA A HOLT
5330 S.W. 7TH STREET
MARGATE, FL 33068**



03052006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0141445

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOLT, PATRICIA A
5330 SW 7 STREET
MARGATE, FL 33068**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE

DVS

NAME

HOLT, DOUGLAS A

STREET ADDRESS

5330 SW 7TH STREET

CITY - ST - ZIP

MARGATE, FL 33068

TITLE

DP

NAME

HOLT, PATRICIA A

STREET ADDRESS

5330 SW 7TH STREET

CITY - ST - ZIP

MARGATE, FL 33068

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

000000464693
03/21/06-80098-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia A. Holt 3/7/06 954-974-0007
Date Daytime Phone #