


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90071 010 ***150.00

DOCUMENT # L25679	
1. Entity Name AMERICAN LADDER AND SCAFFOLDING RENTAL, INC.	

Principal Place of Business C/O VINCENT S. CARONONGAN 12645 49TH ST NORTH CLEARWATER, FL 33762	Mailing Address C/O VINCENT S. CARONONGAN 12645 49TH ST NORTH CLEARWATER, FL 33762
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DO NOT WRITE IN THIS SPACE



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2986080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARONONGAN, VINCENT S. 12645 49TH STREET NORTH CLEARWATER, FL 34622.

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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 re-registering) DATE _____

<p><i>John # 3260 4/17/06</i> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARONONGAN, VINCENT S. 12645 49TH ST N CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JAYSON, JAY 12645 49TH STREET NORTH CLEARWATER, FL 34622
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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: 	4-06-06 727-573-5088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #