## 2006 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Jan 19, 2006 08:00 AM DOCUMENT # L32703 **Secretary of State** B & M EQUIPMENT RENTAL AND SALES, INC. Mailing Address Principal Place of Business 7722 SE 126TH PLACE 7722 SE 126TH PLACE US BELLEVIEW, FL 34420 BELLEVIEW, FL 34420 No Chg-P CR2E034 (11/05) 01112006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2984040 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KIRKLAND, R COLT 4 SE BROADWAY OCALA, FL 34471 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. DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and life if applicable. 9. Election Cámpaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME BRANAM, MICHAEL GARY 2841 NW 54TH AVE STREET ADDRESS GAINESVILLE, FL CITY-ST-ZIP - UUUUUUU390870 #1/24/86-88813-821 150.00 NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

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