2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004
Secretary of State

DOCUMENT# L89320

Entity Name: JIMMY'S EQUIPMENT RENTAL, INC.

Current Principal Place of Business:

P.O. BOX 823808
PEMBROKE PINES, FL 33082 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 823808
PEMBROKE PINES, FL 33082 US

New Mailing Address:

FEI Number: 65-0211152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELNUT, JAMES C.
4900 SW 167 AVE
FT LAUDERDALE, FL 33331 US

Name and Address of New Registered Agent:

SHELNUT, JAMES C.
19000 S. W. 53 STREET
S. W. RANCHES, FL 33332 US

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.

SIGNATURE: JAMES C. SHELNUT 02/19/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: SHELNUT, JAMES D.
Address: 4900 SW 167 AVE
City-St-Zip: FT LAUDERDALE, FL 33331

Title: PD ( ) Delete
Name: SHELNUT, JAMES C.
Address: P.O. BOX 823808
City-St-Zip: PEMBROKE PINES, FL 33082 US

Title: ST ( ) Delete
Name: WAGGONER, GLENNA S
Address: 4031 S.W. 84 TERRACE
City-St-Zip: DAVID, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: WAGGONER, GLENNA S
Address: 3961 S.W. 82 TERRACE
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENNA S. WAGGONER ST 02/19/2004
Electronic Signature of Signing Officer or Director Date