2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M07750

FILED Jan 05, 2004 Secretary of State

Entity Name: PHILLIPS EQUIPMENT RENTAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 6900 CARISSA CIRCLE WEST PALM BEACH, FL 33406 **Current Mailing Address: New Mailing Address:** PO BOX 292414 **DAVIE, FL 33329** FEI Number: 59-2468697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: PHILLIPS, JOHN PHILLIPS, JOHN 5700 CASTLEGAVE AVE 6900 CARISSA CIRCLE DAVIE, FL 33331 WEST PALM BEACH, FL 33406 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: 01/05/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PHILLIPS, JOHN, Name: Name: 6900 CARISSA CIRCLE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33406 City-St-Zip: Title: Title: (X) Change () Addition () Delete REMER, KEVIN Name: ROMER, KEVIN Name: 10263 SW 58 STREET Address: 10263 SW 58 STREET Address: COOPER CITY, FL 33328 COOPER CITY, FL 33328 City-St-Zip: City-St-Zip:

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.

VΡ SIGNATURE: KEVIN REMER 01/05/2004