

# 2005 FORT RUFF CO. CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90047 023 \*\*\*150.00

<b>DOCUMENT # P00000001571</b> 1. Entity Name <b>ARCHER EQUIPMENT RENTAL, INC.</b>					
Principal Place of Business <b>1000 NW 65TH 200 FORT LAUDERDALE FL 33309</b>				Mailing Address <b>2600 N.E. 33RD ST LIGHTHOUSE POINT FL 33064</b>	
2. Principal Place of Business <b>2600 N.E. 33 ST.</b>		3. Mailing Address <b>2600 N.E. 33 ST</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Lighthouse Point, FL</b>		City & State <b>Lighthouse Pt. FL</b>		4. FEI Number <b>65-0976037</b>	
Zip <b>33064</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MONTANA, RAYMOND 2600 N.E. 33RD ST LIGHTHOUSE POINT FL 33064</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>Raymond Montana</i></u> DATE <u>2/5/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MONTANA, RAYMOND</b> <b>2600 N.E. 33RD ST</b> <b>LIGHTHOUSE POINT FL 33064</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Raymond Montana</i></u> <b>RAYMOND MONTANA</b> DATE <u>2/5/05</u> (954) 543-8101 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					