

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90024 042 \*\*\*150.00

<b>DOCUMENT # P00000047344</b>					
<b>1. Entity Name</b> <b>SP RENTALS, INC.</b>					
<b>Principal Place of Business</b> 1029 N FLORIDA MARGO RD., STE 13 WEST PALM BEACH, FL 33409			<b>Mailing Address</b> 1029 N FLORIDA MARGO RD., STE 13 WEST PALM BEACH, FL 33409		
<b>2. Principal Place of Business</b> 1029 N Florida Mango Rd. Suite, Apt. #, etc. Bay # 7		<b>3. Mailing Address</b> 1029 N. Florida Mango Rd. Suite, Apt. #, etc. Bay # 7			
<b>City &amp; State</b> West Palm Beach, FL Zip 33409		<b>City &amp; State</b> West Palm Beach, FL Zip 33409		<b>Country</b> P.B.C.	
<b>4. FEI Number</b> 65-1007589				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SCHAEFER, CYNTHIA J 3020 ROSTAN LANE LAKE WORTH, FL 33461			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1029 N. Florida Mango Rd., Bay # 7 City West Palm Beach FL Zip Code 33409		
<b>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.</b> SIGNATURE: <u>Cynthia J. Schaefer</u> DATE: <u>3/17/05</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>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> SCHAEFER, SCOTT J 1020 LAKE CLARKE DRIVE WEST PALM BEACH, FL 33406				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> POOLE, CHARLES J JR 2415 GABRIEL LANE WEST PALM BEACH, FL 33406				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SD</b> POOLE, AMY S 2415 GABRIEL LANE WEST PALM BEACH, FL 33406				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> SCHAEFER, CYNTHIA J 3020 ROSTAN LANE LAKE WORTH, FL 33461				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <b>PD</b> Schaefer, Scott J. 1029 N. Florida Mango Rd. # 7 West Palm Beach, FL 33409				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> POOLE, CHARLES J JR 2415 GABRIEL LANE WEST PALM BEACH, FL 33406				
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>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.</b>				
<b>SIGNATURE:</b> <u>Cynthia J. Schaefer</u> (Cynthia J. Schaefer) 3/17/05 561-615-5253 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					