2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 08:00 All Secretary of State **DOCUMENT # P01000113955** 1. Entity Name BAY COUNTY RENTALS, INC. Principal Place of Business Mailing Address 1405 WEST BEACH DRIVE 1405 WEST BEACH DRIVE PANAMA CITY, FL 32401 PANAMA CITY, FL 32401 03292007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3761018 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENSE, ALLAN DO NOT WRITE 1405 W. BEACH ST PANAMA CITY, FL 32401 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BENSE, ALLAN G NAME 1405 W. BEACH DR STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32401 TITLE 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 NAME U00000722687 STREET ADDRESS 05/02/07-80042-005 150.0 CITY-ST-ZIP NAME

12. I hereby 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.

STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR