

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90015 020 \*\*\*150.00

<b>DOCUMENT # P02000014117</b>					
<b>1. Entity Name</b> B & H RENTALS OF PLANT CITY, INC.					
<b>Principal Place of Business</b> 4231 KENNE RD PLANT CITY, FL 33565			<b>Mailing Address</b> 4231 KENNE RD PLANT CITY, FL 33565		
<b>2. Principal Place of Business</b> 4231 Keene Rd.		<b>3. Mailing Address</b> 4231 Keene Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 01-0601763	
Zip		Country		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04052004 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b> HARRELSON, HOMEDR L 4231 KENNE RD PLANT CITY, FL 33565			<b>7. Name and Address of New Registered Agent</b> Name: Harrelson, Homer L. Street Address (P.O. Box Number is Not Acceptable): 4231 Keene Road City: Plant City FL Zip Code: 33565		
<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>Homer L. Harrelson</u> <u>Anu L. Harrelson</u> <u>4/5/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, BRENDA C 4231 KENNE RD PLANT CITY, FL 33565	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRELSON, HOMER L 4231 KENNE RD PLANT CITY, FL 33565	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<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>Brenda C. Campbell</u> <u>4/5/04</u> <u>813-719-9272</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					