


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90007 035 ***150.00

DOCUMENT # P02000044421		
1. Entity Name NEXSTAR RENTALS, INC.		

Principal Place of Business 1006 21 ST US1 VERO BEACH, FL 32960	Mailing Address 1006 21 ST US1 VERO BEACH, FL 32960
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94039556

2. Principal Place of Business 5380 2ND PLACE Suite, Apt. #, etc.	3. Mailing Address 5380 2ND PLACE Suite, Apt. #, etc.
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03092004 Chg-P CR2E034 (10/03)

City & State VERO BEACH, FL Zip 32968 Country	City & State VERO BEACH, FL Zip 32968 Country
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4. FEI Number 42-1598523	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FONCHAM, STEPHEN 1006 21 ST US1 VERO BEACH, FL 32960	7. Name and Address of New Registered Agent Name FONCHAM, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 5380 2ND PLACE City VERO BEACH FL Zip Code 32968
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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.

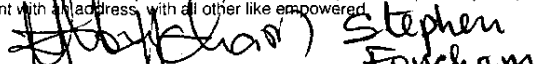
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FONCHAM, STEPHEN 1006 21 ST US 1 VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FONCHAM, STEPHEN 5380 2ND PLACE VERO BEACH, FL 32968 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FONCHAM, KIMBERLY 1006 21 ST US1 VERO BEACH, FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FONCHAM, KIMBERLY 5380 2ND PLACE VERO BEACH, FL 32968 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Stephen Foncham 3/22/04 772-5697114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #