

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90045 017 ***150.00

DOCUMENT # P03000106939

1. Entity Name
EXCEL EQUIPMENT RENTAL, INC.



Principal Place of Business
**6111 SW 186TH WAY
SOUTHWEST RANCHES, FL 33332**

Mailing Address
**P.O. BOX 327424
FORT LAUDERDALE, FL 33332**



03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0569018

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GIBBONS, MARK T
6111 SW 186TH WAY
SOUTHWEST RANCHES, FL 33332**

**DO NOT WRITE
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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GIBBONS, MARK T
6111 SW 186TH WAY
SOUTHWEST RANCHES, FL 33332**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SCHULLE, CHRISTOPHER
7613 SW 8TH STREET
NORTH LAUDERDALE, FL 33068**
*Address Correction:
2133 SW Hyacinth St.
Port St. Lucie, FL
34958*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GIBBONS, TRACY
6111 SW 186TH WAY
SOUTHWEST RANCHES, FL 33332**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark T. Gibbons

Date

Daytime Phone #

3/31/05
(954) 444-5328