


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P03000106939 |  |
| 1. Entity Name EXCEL EQUIPMENT RENTAL, INC. | |

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|---|---|
| Principal Place of Business 6111 SW 186TH WAY SOUTHWEST RANCHES, FL 33332 | Mailing Address P.O. BOX 327424 FORT LAUDERDALE, FL 33332 |
|---|---|



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 68-0569018 | Applied For Not Applicable |
| 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 GIBBONS, MARK T 6111 SW 186TH WAY SOUTHWEST RANCHES, FL 33332 | |
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**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 *Mark T. Gibbons* 1/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U00000595307
01/23/07-80034-011 150.00

| 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 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 | |

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12. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Mark G. Gibbons* 1/15/07 MARK G. Gibbons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #