

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2008 08:00 AM
Secretary of State**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**U000000845358
05/30/08-80005-015 150.00**DO NOT WRITE IN THIS SPACE**

04292008 No Chg-P CR2E034 (11/05)

4. FEI Number
68-0569018

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$6.75 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's signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****04-30-08****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 34956**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GIBBONS, TRACY
6111 SW 186TH WAY
SOUTHWEST RANCHES, FL 33332**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #