

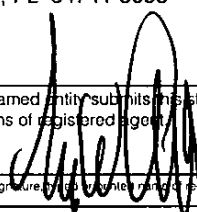
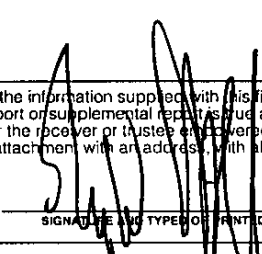


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90066 040 ***150.00

DOCUMENT # P04000145317 1. Entity Name CENTRAL RENTALS & LEASING, INC.					
Principal Place of Business C/O BRIAN M. MARK George W. Arnold P.O. BOX 42287 PO Box 450037 KISSIMMEE, FL 34742-2287 Kissimmee, FL 34745				Mailing Address George W Arnold C/O BRIAN M. MARK P.O. BOX 42287 PO Box 450037 KISSIMMEE, FL 34742-2287 Kissimmee, FL 34745	
2. Principal Place of Business 341 W. OAK ST <small>Suite, Apt. #, etc.</small> N/A		3. Mailing Address PO Box 450037 <small>Suite, Apt. #, etc.</small> -N/A-		40014037 	
City & State Kissimmee		City & State Kissimmee, FL 34745		4. FEI Number 20-1790391	
Zip 34741		Country DSCEOW		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARK BRIAN MICHAEL 104 NORTH CHURCH STREET KISSIMMEE, FL 34741-5855				7. Name and Address of New Registered Agent Name - George W. Arnold Street Address (P.O. Box Number is Not Acceptable) 341 W. OAK ST City Kissimmee FL 34741	
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:  George W. Arnold President 01-26-05 <small>Signature of the registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD ARNOLD, GEORGE <input type="checkbox"/> Delete 341 W. OAK ST. C/O ARNCO CONSTRUCTION, 1004 CENTRAL BLVD KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P BENJAMIN ARNOLD <input type="checkbox"/> Delete PO. BOX 450037 KISSIMMEE, FL 34745		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEWITA M. MCCUBBIN <input type="checkbox"/> Delete PO BOX 450037 KISSIMMEE, FL 34745		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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:  George W. Arnold President 01-26-05 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

407-932-0119
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