2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000173003

FILED Feb 05, 2008 Secretary of State

Entity Name: ALL-PRO EQUIPMENT & RENTAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 2800 MAHAN DR TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** PO BOX 38355 TALLAHASSEE, FL 32315 FEI Number: 20-2068652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOLDBERG, STUART E GOWLAND JR, CHARLES L ESQ 3020 N SHANNON LAKES DR 2039 CENTRE POINT BLVD SUITE 201 TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32308 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. SIGNATURE: CHARLES L. GOWLAND JR., ESQ 02/05/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete Title: () Change () Addition BARBER, ROBIN C Name: Name: 4325 OAKMONT DR Address: Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: VTD (X) Delete Title: () Change () Addition ATKINS, CHARLES N Name: Name: PO BOX 12248 Address: Address: TALLAHASSEE, FL 32317 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN C. BARBER **PSD** 02/05/2008