2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 15, 2007 8:00 am **Secretary of State** DOCUMENT # P06000122647 03-15-2007 90025 012 ***150.00 PKS RENTALS, INC. Principal Place of Business Mailing Address 6500 - 121 AVENUE NORTH 6500 - 121 AVENUE NORTH LARGO, FL 33773 LARGO, FL 33773 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number 5/- 0609/59 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEIMSATH, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 6500 - 121 AVENUE NORTH LARGO, FL 33773 City Zip Code FL 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 lamiliar 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ★ Addition Delete TITLE TITLE PAUL W. BUND 12526 - 84 WAY BUNDAY HEIMSATH, MICHAEL NAME NAME STREET ADDRESS 6500 - 121 AVENUE NORTH STREET ADDRESS LARGO, FL 33773 CITY-ST-ZIP CITY-ST-ZIP LARGO, FL. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-70P TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Detete Change ☐ Addition TITLE THIF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 of Mustee 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. MATTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

FILED