2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 27, 2008 8:00 am Secretary of State DOCUMENT # P07000045117 05-27-2008 90044 016 ***150.00 EJC RENTAL, INC Principal Place of Business Mailing Address 203 LENTZ ROAD 203 LENTZ ROAD 45-0577684 BRANDON, FL 33510 BRANDON, FL 33510 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOK, JUANITA J Street Address (P.O. Box Number is Not Acceptable) 203 LENTZ ROAD BRANDON, FL 33510 Zip Code City 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 signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Change ☐ Change TITLE TITLE COOK, EDDIE B NAME NAME 203 LENTZ ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33510 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME COOK, JUANITA J DRIVE NAME 00 WAL nut 203 LENTZ ROAD STREET ADDRESS STREET ADDRESS Mansfield, TX KAREN SAR CITY-ST-ZIP BRANDON, FL 33510 CITY-ST-ZIP TITLE ☐ Delete TITLE COOK, MARTINEZ A NAME NAME STREET ADDRESS 203 LENTZ ROAD STREET ADDRESS BRANDON, FL 33510 CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 5-22-106

FILED