

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000062196

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: PALM BEACH EQUIPMENT RENTAL & SALES, INC.

**Current Principal Place of Business:**

171 GLADES RD  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

171 GLADES RD  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 65-0435902

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHUYLER, CORTLANDT  
171 GLADES RD  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CORTLANDT, SCHUYLER  
Address: 171 GLADES RD.  
City-St-Zip: BOCA RATON, FL 33432

Title: V ( ) Delete  
Name: SCHUYLER, SANDRA  
Address: 171 GLADES RD.  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: CORTLANDT SCHUYLER

P

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date