2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

| DOCUMENT # P9400008998 | | | | | | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS | | | | |
|---|-------------------------|------------------------------|---------------------------|---------------------|---------------|---|---|--|--|---------------|---------------------|
| P & H RENTALS, INC. | | | | | | | עום | ISION OF CORPORATION | IS | | |
| 7 3 11 12 11 72 5, 11 5 | | | | | | | 05 FEB -7 PM 4: 13 | | | | |
| Principal Place of Business Mailing Address | | | | | | |] | | | | |
| 3311 SELVITZ ROAD 3311 SELVITZ ROAD FORT PIERCE FL 34981 FORT PIERCE FL 34981 | | | | | | | | • | | | |
| Principal Place of Business 3. Mailing Address | | | | | | | | | | | |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | 1181 | bildet tin talli eren måtri dest hällt metst har | | in in in | Ul III filiat | |
| | | | | | | 1st MOORE CR2E034 (10/04) | | | | | |
| City & State | | | City & State Zip Country | | | | 4. FEI Number 65-0473704 Applied For Not Applicable | | | Applicable | |
| Zip | Zip Country · | | | | try | 5. Certificate of Status Desired \$8.75 Additional Fee Required . | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | | 7. Name and | d Address of New Registered | Agent | | |
| Di il | LIAM IA | MEC | | Name | | | | | | | |
| PULLIAM, JAMES 3311 SELVITZ ROAD FORT PIERCE FL 34981 | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | | | | | | |
| | | | | | | City - | FL Zip Code | | | | |
| 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 | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | | | | | Election Campaign Finan Trust Fund Contribution. | | • | O May Be to Fees |
| 10. | s, titus 11 secution 27 | OFFICERS AND I | DIRECTOR | IRECTORS 11. | | | ADDITIONS | I /CHANGES TO OFFICERS AN | D DIRECT | ORS | IN 11 |
| TITLE | PTD | LANGE | | ☐ Delete | THTLE NAMI | | | | ☐ Chan | ige | Addition |
| NAME STREET ADDRESS | • | | | | ET ADDRESS • | | | | | | |
| CITY-ST-ZIP | FORT PIEF | RCE FL 34981 | J., | | CITY | -ST-ZIP | | | | | |
| TITLE NAME | • | | | ☐ Detete | TITLE | I | | | Chan | ige | Addition |
| STREET ADDRESS CITY-ST-ZIP | | | | | STRÉ | ET ADDRESS -ST-ZIP | | | | L | ļ |
| TITLE | | | , | ☐ Delete | TITLE | | | | Char | ige | Addition |
| NAME STREET ADDRESS | | | | · · | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | <u> </u> | | | | CITY | -SI-ZIP ` | - | | ☐ Char | | Addition |
| TITLE NAME | i | | | ☐ Delete | TITLE | | | | _ | iye | L Addition |
| STREET ADDRESS | ļ | | | | | ET ADDRESS | 000 | 0 004588 54 /0501002003 | 70 ************************************ | 00 | |
| CITY-ST-ZIP | | | | | _ | -ST-ZIP | 02703. | 70501002003 | **150. | - | ☐ Addition |
| TITLE NAME | | | | ☐ Delete | TITLI | | | | | ,90 | |
| STREET ADDRESS | | | | | | ET ADDRESS | | | | | : |
| CITY-ST-ZIP | - | | | D Dalata | TITL | - ST - ZIP | | | ☐ Chai | nge | Addition |
| TITLE . | | | | ☐ Delete | NAM | i i | | | | • | _ |
| STREET ADDRESS | | | | | | EET ADDRESS '-ST-ZIP | | | | | |
| 12 Lhereby | certify that the | he information supplied with | this filing | does not qualify fo | | ti etete el in Cr | ection 119.07(3 | s)(i), Florida Statutes. I further o | ertify that | the in | formation |
| 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 attactor flept with an address, with all other like empowered. | | | | | | | | | | | |