## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2008 08:00 A Secretary of State

	AIIIOA	Secretary of Sta				
DOCUMENT # P96000026618  1. Entity Name U.S.A. RENTALS INC.		318			Seci	retary of Sta
Principal Place	e of Business	Mailing Address				
50 PIEDMON		50 PIEDMONT DRIVE		}		
PALM COAST	, FL 32164	PALM COAST, FL 32164		 	### <b>##</b> ###############################	18 61116 81181 11881 1811881 18 1881
7.5						
		Service Company				2E034 (11/05)
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	<del></del> -	Applied For
, -				59-3369286		Not Applicable
16			in the second	5. Certificate of Stat	us Desired 🔲	\$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		4 - 1 2 - 1 - 1 - 1 - 1		, , , , , , , , , , , , , , , , , , ,
CROW, ANTHONY R 50 PIEDMONT DRIVE PALM COAST, FL 32164					OT WRIT	
						The second second
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 little if applicable. (NOTE Registered Agent signature required when renstating)  DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution	ncing \$5 Add	.00 May Be led to Fees		
10.	OFFICERS AND D	IRECTORS	,	1 may be to the first		
NAME STREET ADDRESS CITY-ST-ZIP	D CROW, ANTHONY R 50 PIEDMONT DRIVE PALM COAST, FL 32164		A Section Section			fg. 9-004 150 00
TITLE	PTS				TOY OUT COOT	
NAME	CROW, ANTHONY R		1	Jacob Marie Alle		Parkhing by H
STREET ADDRESS	50 PIEDMONT DRIVE PALM COAST, FL 32164				r yer er er er	
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STREET ADDRESS CITY-ST-ZIP						
TITLE			1			
NAME						
STREET ADDRESS						
CITY-S1-ZIP			*	n'e a line		

12. Thereby 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 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.

SIGNATURE: May Marchanum POA ANThony C

0/25/08 (386)446-357