

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90027 010 ***158.75

DOCUMENT # P96000031535

1. Entity Name

S & D RENTAL CORP.



Principal Place of Business

**4343 S STATE ROAD 7
 SUITE 115
 DAVIE FL 33314**

Mailing Address

**4343 S. STATE ROAD 7
 SUITE 115
 DAVIE FL 33314**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0662275

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**METCALF, DAVID J
 % MCRAE & METCALF, P.A.
 2066 THOMASVILLE ROAD
 TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name **JOSEPH DANIELLE**
 Street Address (P.O. Box Number is Not Acceptable)
4343 S. STATE ROAD 7
SUITE 115
 City **DAVIE** **FL** Zip Code **33314**

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPT	<input type="checkbox"/> Delete
NAME	DANIELLE, MICHAEL	
STREET ADDRESS	4343 S STATE ROAD 7 SUITE 115	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	P	<input type="checkbox"/> Delete
NAME	DANIELLE, JOSEPH M	
STREET ADDRESS	4343 S STATE ROAD 7	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	S	<input type="checkbox"/> Delete
NAME	DANIELLE, LINDA	
STREET ADDRESS	4343 S STATE ROAD 7	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joseph Danielle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06
 Date

954-316-7557
 Daytime Phone #