2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2008 08:00 A Secretary of State

DOCUMENT # P960000679	A III CO]		Secretary of St		
1. Entity Name BAY EQUIPMENT RENTALS, INC.	190 1 47			1	secreta	ry oi St
Principal Place of Business 703 MULBERRY AVE PANAMA CITY, FL 32401	Mailing Address 19 19 19 19 19 19 19 19 19 19 19 19 19	de. E	1			
**	· ·					
DO NOT WRITE	IN THIS SPA	CE	01252008 4. FEI Numbe	No Chg-P	CR2E034 (1	Applied For
				of Status Desired		Not Applicable 5 Additional equired
6. Name and Address of Current Re	gistered Agent			* *		·
PIERCY, DAVID 703 MULBERRY AVE PANAMA CITY, FL 32401			**	NOT W		
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and Signature.	I title il applicable (NOTE: Registere	d Agent signature require	d when reinstating)		DATE	
FILE NOW!!!, FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be ded to Fees	02/21/08	0827374 80086-016	3 150.00
10. OFFICERS AND DI	RECTORS	1, 5, 5, 6			P .	•
NAME PIERCY, C. E. STREET ADDRESS 703 MULBERRY AVE CITY-ST-ZIP PANAMA CITY, FL	٠					· ·
ITILE ST NAME PIERCY, DAVID O II STREET ADDRESS 703 MULBERRY AVE CITY-ST-ZIP PANAMA CITY, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ,		NOT W		,
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* S ₄₄	of part		an Angelong again		

12. I hereby 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.

CICNIATUDE.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/08 850) 769-6926