2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED DOCUMENT # P97000015377 Feb 16, 2005 08:00 AM 1. Entity Name Secretary of State HUNT RENTALS, INC. Principal Place of Business Mailing Address 2211 W GAMEFARM ROAD PANAMA CITY FL 32405 2211 W GAMEFARM ROAD PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3435890 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUNT, BERNICE G 2211 W GAMEFARM ROAD Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32405 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. OP TITLE Delete THE Change Addition UUUUUU231487 HUNT, HAROLD NAME NAME U2/16/U5-8UU33-U11 15U.UU STREET ADDRESS 2211 WEST GAMEFARM ROAD STREET ADDRESS CITY-ST-2IP PANAMA CITY FL 32405 CITY-ST-78P OP TITLE ☐ Defete BILLE Change Addition NAME HUNT, BERNICE G NAME STREET ADDRESS 2211 WEST GAMEFARM ROAD STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE Delete DILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachment with an address, with all other like empowered.

SIGNATURE: DELLE OWNER 2/15/05 (850) 769-7265
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Design Phone #