2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 23, 2004 08:00 AM Secretary of State **DOCUMENT # P97000054168** SOUTHERN RENTALS, INC. Principal Place of Business Mailing Address 118 PRIVATEER CT. JUPITER FL 33458 118 PRIVATEER CT. JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Surte, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0773087 Not Applicable Zip Zip Country 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 CHOOS, S. SCOTT ESQ 15600 SW 288 STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 312 HOMESTEAD FL 33033 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDIR DILE Delete TITLE ☐ Change ☐ Addition U00000061904 JOHNSON, RONALD L NAME NAME 02/23/04-80100-004 150.00 STREET ADDRESS 118 PRIVATEER CT. STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP STD me ☐ Delete HILF ☐ Change Addition JOHNSON, MARTHA NAME STREET ADDRESS 118 PRIVATEER CT. STREET ADDRESS JUPITER FL 33458 CITY - ST - ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition JOHNSON, PHILIP A STREET ADDRESS 118 PRIVATEER CT. STREET ADDRESS CITY-ST-712 JUPITER FL 33458 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME MANAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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2. Thereby 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:

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