2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 08:00 AN Secretary of State **DOCUMENT # P97000057516** 1. Entity Name GEMCO RENTALS, INC. Principal Place of Business Mailing Address 2355 BREMEN COURT 2355 BREMEN COURT PUNTA GORDA, FL 33983 PUNTA GORDA, FL 33983 04282004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0771489 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GERMANA, EUGENE DO NOT WRITE 2355 BREMEN COURT PUNTA GORDA, FL 33983 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PCOB** IIIIE NAME GERMANA, EUGENE STREET ADDRESS 2355 BREMEN COURT CITY-ST-ZIP PUNTA GORDA, FL 33983 U00000149270 05/03/04-80180-011 150.00 TITLE NAME GERMANA, CHRISTOPHER 12707 CYNTHIA LANE STREET ADDRESS CITY - ST-ZIP CLERMONT, FL 34711 TITLE GERMANA, MICHAEL NAME STREET ADDRESS 401 HARBOR PLACE DR., APT 1410 DO NOT WRITE CITY-ST-ZIP TAMPA, FL 33602 IN THIS SPACE TITLE GERMANA, DENISE NAME STREET ADDRESS 2355 BREMEN COURT CITY-ST-ZIP PUNTA GORDA, FL 33983 TITLE GERMANA, DAVID NAME STREET ADDRESS 2420 LOTAFUN AVE WINTER PARK, FL 32789 CITY-ST-7IP TITLE NAME STREET ADDRESS

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12. I hereby cartify 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 eath; 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:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Dayline Phone #

CTTY-ST-ZIP