2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000058605

ACTION RENTAL EQUIPMENT, INC.

Principal Place of Business

4460 SE 53 AVENUE OCALA, FL 34480 US Mailing Address

4460 SE 53 AVENUE OCALA, FL 34480 US

FILED Apr 02, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03292007 No Chg-P CR2E034 (11/05)

4. FEI Number		Applied For
59-3454544		Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

BARLOW, RUSSELL WP 4460 SE 53RD AVENUE OCALA, FL 34480

SIGNATURE: __

DO NOT WRITE IN THIS SPACE

			1			
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						
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib	* —	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARLOW, RUSSELL W 508 SW 96TH LANE OCALA, FL 34476				·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000687325 04/10/07-80036-005 150.0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		DÖ	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE 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 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.						