2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P97000085176 1. Entity Name VANDERBILT EQUIPMENT RENTAL COMPANY				Mar 02, 2004 08:00 AN Secretary of State	
7, 11 40-11	ering i desperie criterial i sama a fulle				
Principal Plac	e of Business	Mailing Address			
6026 TAYLOR ROAD #2 P.O. BOX 10024 NAPLES FL 34109 NAPLES FL 34101					TO COLUMN TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T
, w x 112 , 12					4 (100/100) 110/100/1000 100/100/100/100/100/100/100/100/100/100
2. Principal Place of Business 3. Mailing Address			<u> , , , , , , , , , , , , , , , , , , </u>	<u></u>	
Suite, Apt.	# atc	Suite, Apt #, etc.			
*					MOORE CR2E034 (11/03)
City & State	e	City & State			4. FEI Number 59-3473269 Applied For Not Applicable
Zip :	Country Zip		Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required
·	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Registered Agent
			Name		
HILGEMAN, RODERICK 6026 TAYLOR ROAD #2 NAPLES FL 34109			Street Address (P.O. Box Number is Not Acceptable)		
					7.004
				City	FL Zip Code red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature typed or printed name of registered ago	ont and dire if applicable (NC	TE Registere	d Agent signature required	d when reinstating) DATE
Afte Make Check	r May 1, 2004 Fee will be \$550.0 k Payable to Florida Department	of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
TITLE	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change
NAME	HILGEMAN, RODERICK	Delete	NAM	E	
STREET ADDRESS CITY+ST-ZIP	6026 TAYLOR ROAD #2 NAPLES FL 34109		1	FT ADDRESS - ST- ZIP	U0000073653 03/02/04-80045-001, 300, 00
TITLE	D	☐ Delete	TETLE	- ` 	
NAME PERCE ANDRECE	MORALES, ERIC 2541 JAMES ROAD		NAMI etpe	et address	
CITY-ST-ZIP	NAPLES FL 34114		3	-ST-ZIP	
TIFLE		☐ Delete	TITLE	1	☐ Change ☐ Addition
NAME STREET ADDRESS			NAM. Stre	E ET ADDRESS	
CITY-ST-ZIP			- 1	-ST-ZIP	
TITLE NAME		☐ Delele	TITLE	ł	☐ Change ☐ Addition
STREET ADDRESS				ET ADDRESS	
CITY-SI-ZIP TITLE		☐ Delete	- IIIL	-ST-ZIP	☐ Change ☐ Addition
NAME			NAM	E	_ , _
STREET ADDRESS CITY+ST-ZIP			1	ET AODRESS -ST-ZIP	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAM etoc	3	
STREET ADDRESS CITY+ST-ZIP	-			ET ADDRESS -SY-ZIP	
12. I hereby indicated of the column changed	certify that the information supplied videnthis report or supplemental report progration or the receiver or trustee enduring or on an attachment with an addres	with this filing does not qualify it is true and accurate and that npowered to execute this repos, with all other like empowere	for the exe t my signa rt as requi d.	mption stated in Se ture shall have the red by Chapter 60	ection 119,07(3)(i). Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

2-27-99 Dayline Phone #