2007 FOR PROFIT CORPORATION

FILED Mar 19, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # P98000066522 LAKÉ CITY INDUSTRIAL TOOL RENTAL, INC. Principal Place of Business Mailing Address HWY 41 N **HWY 41 N** LAKE CITY, FL 32055 LAKE CITY, FL 32055 CR2E034 (11/05) 03042007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3529841 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DAVIS, BRENDA 110 GREEN OAK ST LAKE CITY, FL 32055 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PS DAVIS, BRENDA NAME STREET ADDRESS 110 GREEN OAK ST LAKE CITY, FL 32025 CITY-ST-7IP

000000669792 03/27/07-80085-022 150.00

DO NOT WRITE IN THIS SPACE

12. Thereby 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.

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TITLE NAME

STREET ADDRESS CiTY-ST-7IP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

AME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #