

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 OCT 17 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10132005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000100910 1. Entity Name SUGARHILL RENTALS, INC.	
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Principal Place of Business 1324 S MAIN ST BELLE GLADE, FL 33430	Mailing Address 1324 S MAIN ST BELLE GLADE, FL 33430
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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4. FEI Number 59-3549287	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALSTON, CALVIN D 1324 S. MAIN ST BELLE GLADE, FL 33430	7. Name and Address of New Registered Agent Name <u>H.E. Hill</u> Street Address (P.O. Box Number is Not Acceptable) <u>1324 South Main St.</u> City <u>Belle Glade</u> FL <u>33430</u>
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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 SHE Gwin Pres H.E. Hill Pres/D DATE 10/8/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P HILL, H.E. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700060693827 10/17/05--01081--004 **\$61.25
STREET ADDRESS	1324 S MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE, FL 33430	CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSTON, CALVIN	NAME	
STREET ADDRESS	1324 S MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE, FL 33430	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, MONA L	NAME	<u>S Alston, Barbara H.</u>
STREET ADDRESS	13245 MAIN ST	STREET ADDRESS	<u>1324 S. main street</u>
CITY-ST-ZIP	BELLE GLADE, FL 33430	CITY-ST-ZIP	<u>Belle Glade FL 33430</u>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby 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: SHE Gwin Pres H.E. Hill Pres/D DATE 10/8/05 DAYTIME PHONE # 561-922-3049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #