

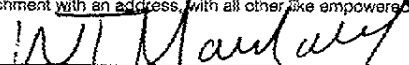


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000020083 1. Entity Name CONVENTION SERVICE RENTALS, INC.			
Principal Place of Business 1000 W 11TH AVE MOUNT DORA, FL 32757		Mailing Address P.O. BOX 1549 MOUNT DORA, FL 32756	
DO NOT WRITE IN THIS SPACE			
		04012004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3560519	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
MARSHALL, WILLIAM THOMAS JR 1000 W 11TH AVE MOUNT DORA, FL 32757		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000106576 04/08/04-80021-005 150.00
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	MARSHALL, WILLIAM THOMAS JR		
STREET ADDRESS	1000 WEST 11TH AVE		
CITY - ST - ZIP	MOUNT DORA, FL 32757		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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 exemption stated in Section 119.07(3)(g), 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: 		4/5/4	
WILLIAM MARSHALL		Date Daytime Phone #	