## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000054310

FILED Apr 21, 2009 Secretary of State

Entity Name: ALL STAR EQUIPMENT RENTALS AND SALES INC. **New Principal Place of Business: Current Principal Place of Business:** 11680-B METRO PARKWAY FT. MYERS, FL 33966 **Current Mailing Address: New Mailing Address:** P.O. BOX 60012 FT. MYERS, FL 339066012 FEI Number: 65-0928889 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLINTON, CHRIS CLINTON, KATHERINE A V.P. 555 BAYSIDE DRIVE 555 BAYSIDE DRIVE FT. MYERS, FL 339191612 US FT. MYERS, FL 339191612 US 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. SIGNATURE: KATHERINE CLINTON 04/21/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CLINTON, CHRIS Name: Name: 555 BAYSIDE DRIVE Address: Address: City-St-Zip: FT. MYERS, FL 339191612 City-St-Zip: Title: **VPS** () Delete Title: () Change () Addition Name: CLINTON, KATHERINE Name: 555 BAYSIDE DRIVE Address: Address: FT. MYERS, FL 339191612 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE CLINTON V.P. 04/21/2009