

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90002 046 ***550.00

DOCUMENT # P99000057589



1. Entity Name
B & B EQUIPMENT RENTALS, INC.

Principal Place of Business Mailing Address
 15787 331 SOUTH 15787 331 SOUTH
 FREEPORT FL 32439 FREEPORT FL 32439

04000000



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3588414** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEAVER, CHARLES A
15787 331 SOUTH
FREEPORT FL 32439

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BEAVER, CHARLES A	
STREET ADDRESS	15787 331 SOUTH	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINCKARD, LEE	
STREET ADDRESS	15787 33 SOUTH	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE	D	<input type="checkbox"/> Delete
NAME	PINCKARD, MARY F	
STREET ADDRESS	15787 331 SOUTH	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE		<input type="checkbox"/> Delete
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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)(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: *Lee Pinckard* **LEE PINCKARD** **VICE-PRESIDENT + DIRECTOR** **06/01/04** **850/835-4500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #