


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90104 048 ***150.00

DOCUMENT # P99000057589			
1. Entity Name B & B EQUIPMENT RENTALS, INC.			
Principal Place of Business 15787 331 SOUTH FREEPORT, FL 32439		Mailing Address 15787 331 SOUTH FREEPORT, FL 32439	
2. Principal Place of Business - No P.O. Box # 1405 MARTIN ST. - SOUTH		3. Mailing Address 1405 MARTIN ST. - SOUTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PELL CITY, AL.		City & State PELL CITY, AL.	
4. FEI Number 59-3588414		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 BEAVER, CHARLES A 15787 331 SOUTH FREEPORT, FL 32439		7. Name and Address of New Registered Agent Name GENE BARKER Street Address (P.O. Box Number is Not Acceptable) 45 BEAL PIKE - N.E. City FONT WALTON BEACH FL Zip Code 32548	
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 <u><i>Gene G. Barker</i></u> <u><i>Gene G. Barker</i></u> <u>4/22/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEAVER, CHARLES A 15787 331 SOUTH FREEPORT, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1405 MARTIN ST. - SOUTH PELL CITY, AL. 35128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINCKARD, LEE 15787 33 SOUTH FREEPORT, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1405 MARTIN ST. - SOUTH PELL CITY, AL. 35128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PINCKARD, MARY F 15787 331 SOUTH FREEPORT, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1405 MARTIN ST. - SOUTH PELL CITY, AL. 35128
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby 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.			
SIGNATURE: <u><i>LEE PINCKARD</i></u> <u><i>LEE PINCKARD</i></u> <u>04/10/08</u> <u>205/328-7368</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			