

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V19431

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: EQUIPMENT RENTAL OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

5400 VERNA BLVD  
6  
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

**Current Mailing Address:**

5207 MAGNOLIA OAKS LANE  
JACKSONVILLE, FL 32210 US

**New Mailing Address:**

FEI Number: 59-3109808      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOANN SARA MANGE  
5207 MAGNOLIA OAKS LANE  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: MANGE, JOSEPH W JR  
Address: 5207 MAGNOLIA OAKS LANE  
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VP ( ) Delete  
Name: MANGE, JOANN  
Address: 5400 VERNA BLVD. #6  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: SCOTT, AMANDA  
Address: 500 B AVENUE  
City-St-Zip: WEST COLUMBIA, SC 29169

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: JOSEPH W MANGE JR

P

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date