

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V19431

FILED  
Apr 21, 2011  
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:**

5400 VERNA BLVD  
6  
JACKSONVILLE, FL 32205 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

**OFFICERS AND DIRECTORS:**

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

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

Title: VP  
Name: SCOTT, AMANDA  
Address: 500 B AVENUE  
City-St-Zip: WEST COLUMBIA, SC 29169

I hereby 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 all other like empowered.

SIGNATURE: JOANN SARA MANGE

RA

04/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date