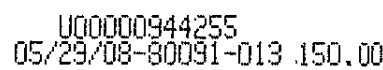
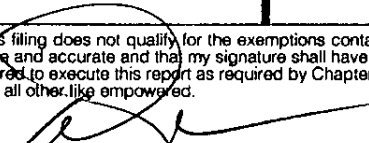


FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # V39147 1. Entity Name MID-FLORIDA RENTALS, INC.				Secretary of State					
Principal Place of Business 1623 US HWY 1 SUITE A-5 SEBASTIAN, FL 32958		Mailing Address 1623 US HWY 1 SUITE A-5 SEBASTIAN, FL 32958		 04252008 No Chg-P CR2E034 (11/05)					
DO NOT WRITE IN THIS SPACE				<table border="1"><tr><td>4. FEI Number 59-3127247</td><td>Applied For ☐ Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 59-3127247	Applied For ☐ Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
4. FEI Number 59-3127247	Applied For ☐ Not Applicable								
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent GILLIAMS, DAMIEN H. 1623 US HWY 1 SUITE A-5 SEBASTIAN, FL 32958				DO NOT WRITE IN THIS SPACE					
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS				 U00000944255 05/29/08-80091-013 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PTD GILLIAMS, DAMIEN H. 1623 US HWY 1 #A-5 SEBASTIAN, FL		DO NOT WRITE IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VSD FEY-GILLIAMS, BONNIE 1623 US HWY 1 #A-5 SEBASTIAN, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
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:  4-28-8 772 7135071 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									