


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90086 034 ***150.00

DOCUMENT # 833914

1. Entity Name
RUTHERFORD EQUIPMENT, INC.



Principal Place of Business
 2577 CLARK ST
 APOPKA, FL 32703

Mailing Address
 2577 CLARK ST
 APOPKA, FL 32703



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01212004 Chg-P CR2E034 (10/03)

4. FEI Number
58-0831903

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
EDWARDS, MARTHA J
 2577 CLARK ST
 APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name
MIKE STEWARD

Street Address (P.O. Box Number is Not Acceptable)
2577 CLARK ST.

City
APOPKA FL Zip Code
32703

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 Mike Steward **MIKE STEWARD** Operations Manager 1-22-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	C RUTHERFORD, MARJORIE C. 30 MAGNOLIA DRIVE OXFORD, GA 30054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1503 RENAISSANCE DR Apt 7C CONYERS GA 30012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUTHERFORD, RANDY J. 1199 OXFORD DRIVE CONYERS, GA 30013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1981 GEES MILL RD. CONYERS GA 30013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RUTHERFORD, BARRY E. 191 SHORE DRIVE HIALEAH, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUTHERFORD, CYNTHIA M. 1199 OXFORD DRIVE HIALEAH, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1981 GEES MILL RD. CONYERS GA 30013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUEST, GREGORY 6 WAKE ROBIN CT. THE WOODLANDS, TX 77380 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUTHERFORD, MICHAEL M 1662 DEERFIELD CIR DECATUR, GA. 30033 <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 exemption stated in Section 119.07(3)(a), 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: [Signature] **RANDY RUTHERFORD, PRESIDENT** 1/22/04 7:00 PM
Signature, typed or printed name of signing officer or director Date