

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90028 031 \*\*\*150.00

DOCUMENT # P01000075244  
 1. Entity Name  
 WARREN EQUIPMENT, INC.



Principal Place of Business      Mailing Address  
 2299 HWY 92 EAST      2299 HWY 92 EAST  
 PLANT CITY, FL 33566      PLANT CITY, FL 33566

**DO NOT WRITE IN THIS SPACE**



02152008      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 62-1862885      Not Applicable

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

6. Name and Address of Current Registered Agent  
 WARREN, RUSSELL  
 2299 HWY 92 EAST  
 PLANT CITY, FL 33566

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	PS
NAME	WARREN, RUSSELL
STREET ADDRESS	4966 COLD HARBOR DR
CITY- ST- ZIP	BIRMINGHAM, AL 35223
TITLE	VT
NAME	CHAMBERS, DWANE
STREET ADDRESS	5249 NICHOLS DR W
CITY- ST- ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Duane Chambers      DUANE CHAMBERS      4-1-08      813-752-5126  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #