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Secretary of State

05-09-2005 90296 042 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000033035

1. Entity Name
SOUTHERN EQUIPMENT SALES CO.

50051016

Principal Place of Business	Mailing Address
6821 SOUTHPOINT DRIVE, NORTH SUITE 133 JACKSONVILLE, FL 32216	6821 SOUTHPOINT DRIVE, NORTH SUITE 133 JACKSONVILLE, FL 32216

05062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
6817 SOUTHPOINT PARKWAY		6817 SOUTHPOINT PARKWAY	
Suite, Apt. #, etc.: SUITE 2404		Suite, Apt. #, etc.: SUITE 2404	
City & State: JACKSONVILLE FL		City & State: JACKSONVILLE FL	
Zip: 32216	Country: USA	Zip: 32216	Country: USA

4. FEI Number 59-3505324 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAVID, LOIS
12627 SAN JOSE BLVD
306
JACKSONVILLE, FL 32223

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD ☐ Delete	TITLE	PSTD ☒ Change ☐ Addition
NAME	DREHER, CHRISTOPHER M	NAME	DREHER, CHRISTOPHER M
STREET ADDRESS	6821 SOUTHPOINT DR., NORTH, SUITE 133	STREET ADDRESS	6817 SOUTHPOINT PARKWAY, SUITE 2404
CITY-ST-ZIP	JACKSONVILLE, FL 32216	CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: C.M. Dreher CHRISTOPHER M DREHER MAY 6, 2005 9042967555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #