


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 203393
 1. Entity Name
EQUIPMENT SERVICE, INC.



Principal Place of Business 5310 SOUTH FLORIDA AVE P O BOX 5139 LAKELAND, FL 33813-2520	Mailing Address 5310 SOUTH FLORIDA AVE P O BOX 5139 LAKELAND, FL 33813-2520
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01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0943358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DOPPELHEUER, WILLIAM H
 71 SHADOW LANE
 LAKELAND, FL 33813

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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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOPPELHEUER, WILLIAM H 71 SHADOW LANE LAKELAND, FL
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 01/20/04-80046-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f), 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 fees empowered.

SIGNATURE: Bill Doppelheuer **BILL DOPPELHEUER** 1/20/04 863/646-2891
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #