| DOCUMENT # 225751<br>Lety Name<br>JD. SWEARINGEN EQUIPMENT CO., INC.       Secretary of State         Principal Phase of Business<br>Z264 HWT /R<br>Z264 HWT /R   | 2005 FOR PROFIT CORPORATION<br>ANNUAL REPORT   |   |   |  |  | FILED<br>Jan 29, 2005 08:00 AM  |  |  |
|--|--|---|---|--|--|---|--|--|
| 2864 HWY 71 N.       P.0. BOX 787<br>MARIANA, FL 32445       P.0. BOX 787<br>MARIANA, FL 32447       US         DO NOT WRITE IN THIS SPACE         DISCRETE IN THIS SPACE         Interview of provide the second of t   | 1. Entity Name   |   | , INC.  |  |  | Secreta   | ry of State  |  |
| DO NOT WRITE IN THIS SPACE       01282005       No Cruy P       CR2E034 (1903)         4. FEI Number<br>59-087/1047  | 2954 HWY 71 N  | ŧ.  | P.O. BOX 797  | •  |  |   | u ja ang ang ang ang ang ang ang ang ang an  |  |
| SWEARINGEN, J.D. SR.<br>4317 S. ST.<br>MARIANNA, FL 32448       DO NOT WRITE<br>IN THIS SPACE         6. The above named entry 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<br>the dibigations of registered agent.         SIGNATURE  |  |   |   | CE   | 01262005<br>4. FEI Numbe<br>59-087                         | No Chg-P C<br>ar<br>1047  | CR2E034 (10/03) Applied For Not Applicable S8.75 Additional  |  |
| the obligations of registered agent.  SHOMATURE  Sequences you and strong record upons and the strategistrate  PILE NOWITE FEE IS \$150.00  Steam May 1, 2005 Fee will be \$550.00  Steam May 1, 2005 Fee Will be \$550. | SWEARINGE<br>4317 S. ST.   | EN, J.D. SR.  | gistered Agent  |  |  |   |  |  |
| STILL     P       NMAE     SWEARINGEN, J.D.       STRETADORES     4317 S. ST.       DITAL     U00000203318       UT/29/05-80025-008     150.00       NME     SWEARINGEN, J.D. JR.       STRETADORES     4231 S. ST.       UT/29/05-80025-008     150.00       NME     SWEARINGEN, J.D. JR.       STRETADORES     2762 SOUTHRIDGE LANE       UT/29/05-80025-008     150.00       STRETADORES     2762 SOUTHRIDGE LANE       UT/3572P     MARIANNA, FL       ITIL     NMME       STRETADORES     2762 SOUTHRIDGE LANE       UT/3572P     MARIANNA, FL       ITIL     NMME       STRETADORES     CIT/3572P       ITIL     NMME       STRETADORES     CIT/357  | the obligations<br>SIONATURE<br>sg<br>FILE 1<br>After May  | s of registered agent.<br>nature, typod or printed name of registered agent and<br>NOW!!! FEE IS \$150.00<br>1, 2005 Fee will be \$550.00 | Inte II applicable. (NOTE Register<br>9. Election Campaign Fina<br>Trust Fund Contribution.                       | ed Agent signature required  | when reinstaling)  | n, in me state of Piorida   | · · · ·  |  |
| GIY ST-2P       MARIANNA, FL         TITLE       ST         NAME       LORD, JOY SWEARINGEN         STRET ADRESS       2762 SOUTHRIDGE LANE         CIY ST-2P       MARIANNA, FL         TITLE       MARIANNA, FL         TITLE       MARIANNA, FL         TITLE       NAME         STRET ADRESS       DO NOT WRITE         TITLE       IN THIS SPACE         TITLE       NAME         STRET ADRESS       IN THIS SPACE         TITLE       NAME         STRET ADRESS       STRET ADRESS         TITLE       STRET ADRESS         STRET ADRESS       STRET ADRESS         STRET ADRESS       STRET ADRESS         STRET ADRESS       STRET ADRESS         STRET ADRESS       STRET ADRESS         S   | STILE     P       NAME     SV       STREET ADDRESS     43       STRY-ST-ZIP     M       TITLE     VI | WEARINGEN, J.D.<br>317 S. ST.<br>IARIANNA, FL<br>P  | RECTORS   |  | ···· · · · · · ·   | U0060020;<br>01/29/05-801   | 3318<br>025-008 150.00   |  |
| Internation       IN THIS SPACE         NAME       STREET ADDRESS         GTY-ST-ZP       III         III       MAME         STREET ADDRESS       GTY-ST-ZP         III       IIII         IN THE TADDRESS       GTY-ST-ZP         III       IIII         STREET ADDRESS       GTY-ST-ZP         III       IIII         IN AME       STREET ADDRESS         GTY-ST-ZP       IIII         IIII       IIIII         IIII       IIIIII         IIII       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  | CITY-ST-ZIP M<br>TITLE ST<br>NAME LC<br>STREET ADDRESS 27  | IARIANNA, FL<br>T<br>ORD, JOY SWEARINGEN<br>762 SOUTHRIDGE LANE   | ·····   |  | DO   | NOT WR  | ITE  |  |
| NAME         STREET ADDRESS         CITY-ST-ZIP         TILE         NAME         STREET ADDRESS         CITY-ST-ZIP         T12.         12.       1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0). Florida Statutes. I further certify that the information indicated on this report of 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 repeiver of trustes empowered to exepute 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:       01-26-05       850-526-2620   | TITLE<br>NAME<br>STREET ADDRESS  |   |   |  |  |   |  |  |
| STREET ADDRESS         City - ST-ZIP         12. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0). Florida Statutes. I further certify that the information indicated on this report of supplemental regit 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 replyer of trustee empowered to execute this reported 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:       01-26-05       850-526-2620  | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   |  |  |   |  |  |
| SIGNATURE: Malleanian, Fau 01-26-05 850-526-2620   | STREET ADDRESS<br>CITY - ST - ZIP  | ify that the information supplied with th<br>this report or supplemental report is in<br>ation or the repeiver or trusteerempow           | is filing does not qualify for the exe<br>e and accurate and that my signa<br>ered to execute this report as requ | mption stated in Se<br>ture shall have the s<br>red by Chapter 607 | ction 119.07(3)(i<br>ame legal effec<br>, Florida Statuter | ), Florida Statutes. I furti<br>t as if made under cath;<br>s; and that my name ap; | her certify that the information<br>that I am an officer or director<br>bears in Block 10 or Block 11 if |  |
|  |  | RE: MALIL   | anion Fil   | v 01-:   |  |   |  |  |