2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# 230895

Entity Name: DEALERS EQUIPMENT COMPANY

Current Principal Place of Business:

476 MAY STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

476 MAY STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-0878457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLSCLAW, DEBORAH
5281 ALL OAKS COURT
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: HARDING, PARTRICIA C,
Address: 476 MAY ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: PD ( ) Delete
Name: HOLSCLAW, ROBERT W
Address: 476 MAY ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: VD ( ) Delete
Name: THOMAS, SCOTT
Address: 476 MAY ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: TD ( ) Delete
Name: HOLSCLAW, DEBORAH
Address: 476 MAY ST.
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH S. HOLSCLAW TD 04/12/2005

Electronic Signature of Signing Officer or Director Date