


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 308796</b> 1. Entity Name <b>ORIGINAL EQUIPMENT, INC.</b>	
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Principal Place of Business <b>45 STOKES ROAD VENUS, FL 33960 US</b>	Mailing Address <b>ORIGINAL EQUIPMENT PO BOX 1065 LAKE PLACID, FL 33862 US</b>
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01102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1153618</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>STOKES, ROBERT D 45 STOKES RD VENUS, FL 33960</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	DP STOKES, ROBERT D. 100 BALL RD LORIDA, FL 33857
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV STOKES, EDNA M. 1604 FOURT STREET LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST STOKES, DIANE PO BOX 1065 LAKE PLACID, FL 33862
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/23/04-80061-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Diane Stokes Diane Stokes 1-20-2004 863-465-2697  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #