
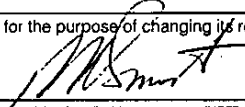
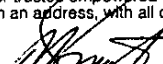


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90045 028 ***150.00

DOCUMENT # 415551 1. Entity Name RCML EQUIPMENT, INC.					
Principal Place of Business 761 ISLAND WAY CLEARWATER, FL 33767			Mailing Address 761 ISLAND WAY CLEARWATER, FL 33767		
2. Principal Place of Business 304 OSCEOLA RD.		3. Mailing Address 304 OSCEOLA RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BELLEAIR, FL		City & State BELLEAIR, FL		4. FEI Number 59-1441186	
Zip 33756		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
Zip 33756		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STROHAUER, GARY N. 1150 CLEVELAND STREET SUITE 300 CLEARWATER, FL 34615				7. Name and Address of New Registered Agent Name (ZIP CODE CHANGE ONLY) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 33756	
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 3/12/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SMOOT, R. D. (CHRM) 761 ISLAND WAY CLEARWATER, FL 33767		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SMOOT, R. D. (CHRM) 304 OSCEOLA RD BELLEAIR, FL 33756	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMOOT, C.G. 761 ISLAND WAY CLEARWATER, FL 33767 DECEASED		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMOOT, C.G. 761 ISLAND WAY CLEARWATER, FL 33767	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOOT, L.A. 1746 LAKE CYPRESS DR SAFETY HARBOR, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOOT, L.A. 1211 ROXBURY DRIVE SAFETY HARBOR, FL 34695	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLASS, MARGARET A 2938 FAIRWAY DR SUGARLAND, TX		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(ZIP CODE ONLY) 77478	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 3/12/05 Daytime Phone # 727-409-2406		