

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 478630

1. Entity Name
VOGLER EQUIPMENT COMPANY, INC.



Principal Place of Business
**16500 NW 7 AVE
MIAMI, FL 33169 US**

Mailing Address
**16500 NW 7 AVE
MIAMI, FL 33169 US**



01172005 No Chg-P CP2E034 (10/03)

4. FEI Number
59-1604363

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VOGLER, GARY
11451 SW 3RD ST.
PLANTATION, FL 33325**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	VOGLER, JUDY
STREET ADDRESS	11451 SW 3 ST
CITY-ST-ZIP	PLANTATION, FL 33325
TITLE	PD
NAME	VOGLER, J G
STREET ADDRESS	11451 SW 3RD ST.
CITY-ST-ZIP	PLANTATION, FL
TITLE	V
NAME	VOGLER, TY
STREET ADDRESS	11628 SW 50 ST
CITY-ST-ZIP	COOPER CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

ENTERED U00000251054
03/04/05-80037-006 150.00
JAN 24 2005

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-05