


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90026 013 ***150.00

DOCUMENT # 553416		
1. Entity Name ENGLISH EQUIPMENT REPAIR SERVICE, INC.		

Principal Place of Business PO DRAWER 6839 LAKELAND, FL 33807 US	Mailing Address PO DRAWER 6839 LAKELAND, FL 33807 US
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44028588



2. Principal Place of Business 925 Fenton Lane Suite, Apt. #, etc. 6	3. Mailing Address 925 Fenton Lane Suite, Apt. #, etc. 6
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02242004 Chg-P CR2E034 (10/03)

City & State Lakeland FL	City & State Lakeland FL	4. FEI Number 59-1808210	Applied For Not Applicable
Zip 33809	Country Polk	Zip 33809	Country Polk

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ANDERSON, JON H 4927 SOUTHFORK DRIVE LAKELAND, FL 33803
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7. Name and Address of New Registered Agent Name: Craig A. Mundy Street Address (P.O. Box Number is Not Acceptable): 4927 Southfork Drive City: Lakeland FL 33813
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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: Craig A. Mundy Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)	DATE: 3-31-04
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ENGLISH, ELIZABETH G. 925 FENTON LANE #6 LAKELAND, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ENGLISH, DOUGLAS 7105 O DONIEL LANE N LAKELAND, FL 33809 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Elizabeth G. English	4-06-04	863 853-2878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

Elizabeth G. English