


FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90004 016 ***563.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 650466 1. Entity Name LEWIS EQUIPMENT COMPANY, INC.	
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Principal Place of Business 6119 ANDREA DRIVE LAKELAND, FL 33813	Mailing Address 6119 ANDREA DRIVE LAKELAND, FL 33813
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44050735



07262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1960590	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, J. ARTHUR JR.
6119 ANDREA DRIVE
LAKELAND, FL 33813

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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	PDT LEWIS, J. ARTHUR JR. 6119 ANDREA DR LAKELAND, FL
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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 firms empowered.

SIGNATURE: *J. Arthur Lewis, Jr.* 7/30/04 863-289-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #