## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED
Jan 20, 2005 08:00 AM
Secretary of State

1. Entity Nam	MENT # 650466 QUIPMENT COMPANY, INC.		Programme and the second secon			12	
Principal Place 6119 ANDRE LAKELAND, F	A DRIVE	Mailing Address 6119 ANDREA DRIVE LAKELAND, FL 33813					
D	O NOT WRITE		CE	01172005 4. FEI Number 59-196		CR2E034 (1	Ried Bibres I is case
LEWIS, J. ARTHUR JR. 6119 ANDREA DRIVE LAKELAND, FL 33813			DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for the ions of registered agent.  Signature, typed or printed name of registered agent and the NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00		d Agent signature require		th, in the State of Flo	orida. I am familia	er with, and accept
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PDT LEWIS, J. ARTHUR JR. 6119 ANDREA DR LAKELAND, FL	SCTORS			U0000 01/21/05	0186335 -80052-01	5 150, 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W THIS SF		
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 1 hereby	certify that the information supplied with thi	s filing does not qualify for the exe	emption stated in S	ection 119.07(3)	(i), Florida Statutes.	I further certify th	at the information
indicated of the cor changed	certify that the information supplied with this identifies the information of the receiver or trustee empower, or on an attachment with ap address, with	ie and accurate and that my signal fred to execute this report as required to execute this report as required.	ture shall have the ired by Chapter 60	same legal effe 7, Florida Statut	ct as if made under es; and that my nam	oath; that I am an re appears in Bloo	officer or director ok 10 or Block 11 if