2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 03, 2006 08:00 AM **Secretary of State DOCUMENT #650466** LEWIS EQUIPMENT COMPANY, INC. Mailing Address Principal Place of Business 6119 ANDREA DRIVE 6119 ANDREA DRIVE LAKELAND, FL 33813 LAKELAND, FL 33813 01302006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1960590 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEWIS, J. ARTHUR JR. DO NOT WRITE 6119 ANDREA DRIVE LAKELAND, FL 33813 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) OATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LEWIS, J. ARTHUR JR. NAME STREET ADDRESS 6119 ANDREA DR CITY-ST-ZIP LAKELAND, FL TITLE NAME STREET ADDRESS U00000419591 n2/15/06-90013-016 150**.0**0 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 cath; that I am an officer or director of the corporation or the receiver or trustee antipowered 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: 🔏

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED