2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # 657804** 04-26-2004 90513 030 ***150.00 MCDONOUGH EQUIPMENT COMPANY, INC. Principal Place of Business Mailing Address 1660 N.W. 19TH AVENUE POMPANO BEACH FL 33069 1660 N.W. 19TH AVENUE POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address 5011 N. 5011 N. Hiatus Rd uite, Apt #, etc Suite, Apt #, etc CR2E034 (11/03) City & State City. & State 4. FEI Number Applied For Sunrise 59-2024605 unrise Not Applicable Country SA \$8.75 Additional 5. Certificate of Status Desired 3357 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent McDonough, Mark MCDONOUGH, MARK 1660 N.W. 19TH AVENUE O. Box Number is Not Acgeptable) POMPANO BEACH FL 33069 City Sunrise 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE X Change ☐ Addition MCDONOUGH, MARK MANE MALLE 5011 N. Hiatus Rd. Sunrise, FL 33551 STREET ADORESS 1660 N.W. 19TH AVENUE STREET ADORESS CITY-ST-ZIP POMPANO BEACH FL CITY - ST - ZIP TITLE Delete TITLE Addition NAME MCDONOUGH, MATT NAME STREET ADDRESS 10977 NW 13 CT STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL CITY ST-ZIP Springs FL 33011 TITLE ☐ Delete THTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZP CITY-ST-ZIP TITE F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-78 CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director execute this peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the inform ation supplied wit indicated on this report or su accurate and that no execute this report of the corporation or the rec

OFFICER OR DIRECTOR

FILED

4/2/04 954-747-4811