2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 24, 2008 08:00 Al **DOCUMENT #692110 Secretary of State** D & J EQUIPMENT, INC. Principal Place of Business Mailing Address 2780 WEST S R 434 2780 WEST S R 434 LONGWOOD, FL 32779 LONGWOOD, FL 32779 CR2E034 (11/05) 01172008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-2108159 \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent GEGNER, STEVEN EDWARD DO NOT WRITE 2780 WEST S R 434 LONGWOOD, FL 32779 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 register agent. SIGNATURE DATE Signature, typed or crimted name of recitating the and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. TITLE **GEGNER, RUTH JEANETTE** NAME STREET ADDRESS 787 CRICKLEWOOD TERR. CITY-ST-7IP LAKE MARY, FL U00000793382 TITLE 01/25/08-80006-021 150.00 GEGNER, STEVEN EDWARD NAME STREET ADDRESS 214 NOB HILL CIRCLE CITY-ST-ZIP LONGWOOD, FL 32779 TITLE GEGNER, EDWARD NAME STREET ADDRESS 787 CRICKLEWOOD TERR. DO NOT WRITE CITY-ST-ZIP LAKE MARY, FL IN THIS SPACE

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 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: ___

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF

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