

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90026 028 ***150.00

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07052006 Chg-P CR2E034 (11/05)

DOCUMENT # 820856 1. Entity Name COWIN EQUIPMENT COMPANY, INC.					
Principal Place of Business 2300 PINSON VALLEY PARKWAY BIRMINGHAM, AL 35217 US			Mailing Address PO BOX 10624 BIRMINGHAM, AL 35202		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 63-0141942	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For — Not Applicable			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> D COWIN, JOHN J 2300 PINSON VALLEY PKWY BIRMINGHAM, AL </div> <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> DV SEARCY, DAN 2300 PINSON VALLEY PKWY BIRMINGHAM, AL </div> <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> C COWIN, PETER G. 2300 PINSON VALLEY PKWY BIRMINGHAM, AL </div> <input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> S TICKLE, GEORGE 2300 PINSON VALLEY PKWY BIRMINGHAM, AL </div> <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> PD COWIN, JAMES P. 2300 PINSON VALLEY PKWY. BIRMINGHAM, AL </div> <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> [Empty] </div> <input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<div style="border: 1px solid black; padding: 2px;"> [Empty] </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<div style="border: 1px solid black; padding: 2px;"> [Empty] </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<div style="border: 1px solid black; padding: 2px;"> [Empty] </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<div style="border: 1px solid black; padding: 2px;"> [Empty] </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<div style="border: 1px solid black; padding: 2px;"> [Empty] </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>George Tickle</u> 7-5-06 (205) 841-6666 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					