

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827738

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: EQUIPMENT WHOLESALERS, INC.

## Current Principal Place of Business:

8130 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 328102657 US

## New Principal Place of Business:

101 HORSELOVERS LANE  
ALTAMONTE SPRINGS, FL 32714 US

## Current Mailing Address:

1090 RAINER DRIVE  
ALTAMONTE SPRINGS, FL 327143846 US

## New Mailing Address:

101 HORSELOVERS LANE  
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 06-0773362

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALLANCOURT, TODD  
1090 RAINER DRIVE  
ALTAMONTE SPRINGS, FL 327143846 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VALLANCOURT, A. WILLI, AM  
Address: 1090 RAINER DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 327143846

Title: VP ( ) Delete  
Name: VALLANCOURT, GARY A  
Address: 3446 HOLLIDAY AVE.  
City-St-Zip: APOPKA, FL 32703

Title: S ( ) Delete  
Name: VALLANCOURT, TODD A  
Address: 114 ROMNEY MARSH RD.  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: VALLANCOURT, A. WILLI, AM  
Address: 101 HORSELOVERS LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: VALLANCOURT, TODD A  
Address: 111 HORSELOVERS LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A WILLIAM VALLANCOURT

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date