2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000000180

1. Entity Name
PLANT EQUIPMENT, INC.

Principal Place of Business	Mailing Address
42505 RIO NEEDO TEMECULA, CA 92589	42505 RIO NEEDO TEMECULA, CA 92589

02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-2580952
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SONNENSCHEIN, MICHAEL D
1420 ALAFAYA TRAIL, SUITE 101
OVIEDO, FL 32765

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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 _____ DATE
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
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FULLER, TIMOTHY J
STREET ADDRESS	42505 RIO NEEDO
CITY-ST-ZIP	TEMECULA, CA 92589
TITLE	V
NAME	FULLER, JOHN K
STREET ADDRESS	42505 RIO NEEDO
CITY-ST-ZIP	TEMECULA, CA 92589
TITLE	SD
NAME	SCHICK, PATRICIA A
STREET ADDRESS	42505 RIO NEEDO
CITY-ST-ZIP	TEMECULA, CA 92589
TITLE	CFO
NAME	RUTAN, DAVID
STREET ADDRESS	42505 RIO NEEDO
CITY-ST-ZIP	TEMECULA, CA 92589
TITLE	D
NAME	FULLER, NANCY J
STREET ADDRESS	238 NORTH BAY LANE
CITY-ST-ZIP	FRIDAY HARBOR, WA 982501554
TITLE	CD
NAME	FULLER, JOHN H
STREET ADDRESS	238 NORTH BAY LANE
CITY-ST-ZIP	FRIDAY HARBOR, WA 982501554

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02/15/05-80032-018 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 2/7/05 951-719-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #