

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 42505 RIO NEEDEO TEMECULA, CA 92589	Mailing Address 42505 RIO NEEDEO TEMECULA, CA 92589
---	---

DO NOT WRITE IN THIS SPACE



02072005 No Chg-P CR2E034 (10/03)

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

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

**DO NOT WRITE
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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable.

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
---	---

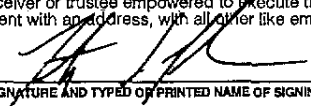
10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

000000230175
02/15/05-90032-018 158.75

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 #