2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # F02000002396 REITHOFFER EQUIPMENT COMPANY, INC. 04 MAY -3 AM 7: 52 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 9022 WIGGINS ROAD C/O B.G. STEPHENSON, LTD. GIBSONTON, FL 33534 4157 CHAIN BRIDGE ROAD FAIRFAX, VA 22030 04192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PENSON, ALBERT C DO NOT WRITE 2810 REMINGTON: GREEN CIRCLE TALLAHASSEE, FL 32308 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE REITHOFFER, RICHARD NAME 100036196311 9022 WIGGINS ROAD STREET ADDRESS 05/12/04--01037--006 **150.00 CITY-ST-ZIP GIBSONTON, FL 33534 NAME REITHOFFER, P E III 9022 WIGGINS ROAD STREET ADORESS CITY-ST-ZIP GIBSONTON, FL 33534 REITHOFFER, BETTE NAME STREET ADDRESS 154 MONTEREY WAY DO NOT WRITE CITY-ST-ZIP ROYAL PALM BEACH, FL. 33411 IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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