


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000005386	
1. Entity Name DENVER EQUIPMENT CO. OF CHARLOTTE, INC.	

Principal Place of Business 5922 HARRIS TECHNOLOGY BLVD CHARLOTTE, NC 28269	Mailing Address PO BOX 480038 CHARLOTTE, NC 28269
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1701773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POOLE, BARRY S 5922 HARRIS TECHNOLOGY BLVD CHARLOTTE, NC 28269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POOLE, MIKE S 5922 HARRIS TECHNOLOGY BLVD CHARLOTTE, NC 28269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOWARD, DOUG PO BOX 587 DENVER, NC 28037
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/16/06-80063-022 150.00

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: Barry S. POOLE *President Barry S. Poole* 01-06-06 704-597-2688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone