

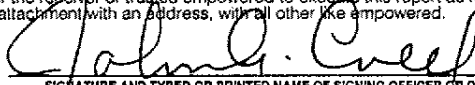


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F15699</b> 1. Entity Name <b>CREEL EQUIPMENT COMPANY, INC.</b>			
Principal Place of Business <b>4360 MILLWOOD LANE STE 3 TALLAHASSEE, FL 32312 US</b>		Mailing Address <b>4360 MILLWOOD LANE STE 3 TALLAHASSEE, FL 32312 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 01252007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-2060559</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CREEL, GLEN R SR 4360 MILLWOOD LANE TALLAHASSEE, FL 32312</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>U000000609707 02/01/07-80061-019 150.00</b>	
10. OFFICERS AND DIRECTORS			
TITLE	V		
NAME	CREEL, GLEN R. JR.		
STREET ADDRESS	4360 MILLWOOD LANE		
CITY - ST - ZIP	TALLAHASSEE, FL 32312		
TITLE	ST		
NAME	CREEL, CAROLYN W.		
STREET ADDRESS	4360 MILLWOOD LANE		
CITY - ST - ZIP	TALLAHASSEE, FL 32312		
TITLE	P		
NAME	CREEL, JOHN A		
STREET ADDRESS	269 WINDCHASE DR.		
CITY - ST - ZIP	BIRMINGHAM, AL 35242		
TITLE	V		
NAME	CREEL, GLEN R. S		
STREET ADDRESS	4360 MILLWOOD LANE		
CITY - ST - ZIP	TALLAHASSEE, FL 32312		
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 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: 		1-25-07 205 980 1331	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	