

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F63959		
1. Entity Name VAN PELT EQUIPMENT CORPORATION		

Principal Place of Business 509 CHURCH ST NOKOMIS, FL 34275 US	Mailing Address 509 CHURCH ST PO BOX 1487 NOKOMIS, FL 34274-8487
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01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2236785	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VAN PELT, CHRISTOPHER K 405 MURILLO DR. NOKOMIS, FL 33555

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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 registering)
Signatures, typed or printed name of registered agent and title if applicable. DATE _____

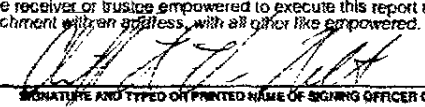
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VAN PELT, CHRISTOPHER K 405 MURILLO DR. NOKOMIS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROOKS, LORNE C. 507 CORANADO DR VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN PELT, EDWIN E SR 2506 NORTHWAY DR VENICE, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN PELT, JOYCE 2506 NORTHWAY DR VENICE, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/04-80012-002 150.00

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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 affidavit, with all prior like empowered.

SIGNATURE:  **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CHRISTOPHER VAN PELT** **1-5-04** **941-488-0123**
Date Daytime Phone if