

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F63959

1. Entity Name
VANPELT 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**



01132006 No Chg-P CR2E034 (11/05)

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**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	VAN PELT, CHRISTOPHER K
STREET ADDRESS	405 MURILLO DR.
CITY-STATE-ZIP	NOKOMIS, FL
TITLE	S
NAME	BROOKS, LORNE C.
STREET ADDRESS	507 CORANADO DR
CITY-STATE-ZIP	VENICE, FL 34293
TITLE	VD
NAME	VAN PELT, EDWIN E SR
STREET ADDRESS	2506 NORTHWAY DR
CITY-STATE-ZIP	VENICE, FL 00000,
TITLE	VD
NAME	VAN PELT, JOYCE
STREET ADDRESS	2506 NORTHWAY DR
CITY-STATE-ZIP	VENICE, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/25/06-80044-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/06 **941 484 1188**
Date Daytime Phone #