2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 08:00 AM
Secretary of State

DOCUMENT # F63959

1. Entity Name
VANPELT EQUIPMENT CORPORATION

Principal Place of Business	Mailing Address
509 CHURCH ST NOKOMIS, FL 34275 US	509 CHURCH ST PO BOX 1487 NOKOMIS, FL 34274-8487

01192008 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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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-ST-ZIP	NOKOMIS, FL
TITLE	S
NAME	BROOKS, LORNE C.
STREET ADDRESS	507 CORANADO DR
CITY-ST-ZIP	VENICE, FL 34293
TITLE	VD
NAME	VAN PELT, EDWIN E SR
STREET ADDRESS	2506 NORTHWAY DR
CITY-ST-ZIP	VENICE, FL 00000,
TITLE	VD
NAME	VAN PELT, JOYCE
STREET ADDRESS	2506 NORTHWAY DR
CITY-ST-ZIP	VENICE, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/05/08-80033-018 150.00

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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: _____ 22 JAN 08 941-484-1198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #