

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004215

Entity Name: KOSSEN EQUIPMENT, INC.

FILED  
Jan 03, 2005  
Secretary of State

## Current Principal Place of Business:

6005 N MCRAVEN ROAD  
JACKSON, MS 39209

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 7968  
JACKSON, MS 392847968

## New Mailing Address:

PO BOX 7  
CLINTON, MS 390600007

FEI Number: 64-0585359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLEMING, EDWARD P  
4300 BAYOU BLVD STE 12 & 13  
PENSACOLA, FL 32503 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KOSSEN, P T  
Address: 6005 NORTH MCRAVEN ROAD  
City-St-Zip: JACKSON, MS

Title: ST ( ) Delete  
Name: KOSSEN, CONNIE S  
Address: 6005 NORTH MCRAVEN ROAD  
City-St-Zip: JACKSON, MS

Title: VP ( ) Delete  
Name: KOSSEN, P F  
Address: 6005 NORTH MCRAVEN ROAD  
City-St-Zip: JACKSON, MS 392847968

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KOSSEN, PIETER T  
Address: 6005 NORTH MCRAVEN ROAD  
City-St-Zip: JACKSON, MS 39209

Title: ST (X) Change ( ) Addition  
Name: KOSSEN, CONNIE S  
Address: 6005 NORTH MCRAVEN ROAD  
City-St-Zip: JACKSON, MS 39209

Title: VP (X) Change ( ) Addition  
Name: KOSSEN, PIETER F  
Address: 6005 NORTH MCRAVEN ROAD  
City-St-Zip: JACKSON, MS 39209

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE S. KOSSEN

ST

01/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date