

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-22-2005 90021 029 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # G18727 1. Entity Name THOMAS EQUIPMENT SALES, INC.																																											
Principal Place of Business C/O DEBORAH STEWART 5219 COLONIAL AVE. JACKSONVILLE FL 32210			Mailing Address C/O DEBORAH STEWART 5680 OLD LAWTEY ROAD MIDDLEBURG FL 32068																																								
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																									
4. FEI Number 59-2361730				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent STEWART, JAMES 5219 COLONIAL AVE. JACKSONVILLE FL 32210			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																								
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 <u>Deborah Stewart Owner</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																																								
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STEWART, JAMES D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5219 COLONIAL AVE.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>JACKSONVILLE FL 32210</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STEWART, DEBORAH L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5219 COLONIAL AVE.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>JACKSONVILLE FL 32210</td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	STEWART, JAMES D		STREET ADDRESS	5219 COLONIAL AVE.		CITY- ST- ZIP	JACKSONVILLE FL 32210		TITLE	D	<input type="checkbox"/> Delete	NAME	STEWART, DEBORAH L		STREET ADDRESS	5219 COLONIAL AVE.		CITY- ST- ZIP	JACKSONVILLE FL 32210		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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 address, with all other like empowered.																																											
SIGNATURE: <u>Deborah Stewart</u> DEBORAH STEWART <u>3-15-05</u> <u>291-60123</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																											