2006 FOR PROFIT CORPORATION

FILED
Jan 09, 2006 08:00 AM
Secretary of State

| ANNUAL REPORT | | | | Secretary of State | | | |
|---|--|--|--|--|--------------------------|-------------------------------|--|
| 1. Entity Nam | MENT # G53311 QUIPMENT, INC. | | | | Secr | etary or | State |
| Principal Plac | e of Business | Mailing Address | | ļ | | | |
| 1710 N ORANGE BLOSSOM TRAL ORLANDO, FL 32804 1710 N ORANGE BLOSSOM TR ORLANDO, FL 32804 | | | tal. | | | | |
| 7 7 4427 | | The state of the s | | | | | |
| · | O NOT WRITE | IN THIS SPA | CE | 01032006 | No Chg-P | CR2E034 (11/0 | 5) Applied For |
| rature description. | MATERIAL PROPERTY AND ASSESSMENT OF THE PROPERTY ASSESSM | The second secon | The Paris of the P | 59-2307 | | | Not Applicable |
| 7 | | | Manual Control of the | 5. Certificate o | of Status Desired | □ \$8.75 / Fee Requ | vdditional ired |
| | 6. Name and Address of Current Reg | istered Agent | 1772 | | | | |
| 1710 N OF | HICHAEL L. RANGE BLOSSOM TRAL | | | | NOT W | | - |
| OKLANDO | D, FL 32804 | | | -IN T | 'HIS SP | ACE | wich in the company |
| | | | 77034 | Company of the compan | 100 100 100 | and the second second | |
| | named entity submits this statement for the lons of registered agent. | a purpose of changing its registers | ed office or register | ed agent, or both | s, in the State of Flori | ida. I <i>am familiar w</i> i | th, and accept |
| | Signature, typed or printed name of registered agent and a | the if applicable. (NOTE, Registere | d Agent signature required | when reinstating) | | , DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Finar | ncina \$ 5 | 00 May Se | . Hooned | 2000107 | |
| | | Trust Fund Contribution. | | ed to Fees | 01/11/06- | 1380167 -80001-024 | 150.00 |
| 10. | QFFICERS AND DIR | | | ed to Fees | 01/11/06- | 1380167 -80001-024 | 150.00 |
| TITLE | DP | | | ed to Fees | 01/11/06- | -80001-024 | 150.00 |
| TITLE NAME | DP FRANZ, MICHAEL L | | | ed to Fees | 01/11/06- | 980157 80001-024 | 150.00 |
| TITLE NAME STREET ADDRESS | DP FRANZ, MICHAEL L 1710 N ORANGE BLM TR. | | | ed to Fees | 01/11/06- | 380157 -80001-024 | 150.00 |
| Title Name Street Address City-St-Zip | DP FRANZ, MICHAEL L | | | ed to Fees | 01/11/06- | 80001-024 | 150.00 |
| TITLE NAME STREET ADDRESS | DP FRANZ, MICHAEL L 1710 N ORANGE BLM TR. | | | ed to Fees | 01/11/06- | 80001-024 | 150.00 |
| Title NAME STREET ADDRESS CITY-ST-ZIP TITLE | DP FRANZ, MICHAEL L 1710 N ORANGE BLM TR. | | | ed to Fees | 01/11/06- | 80001-024 | 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | DP FRANZ, MICHAEL L 1710 N ORANGE BLM TR. | | | ed to Fees | 01/11/06- | 350157-024 | 150.00 ***. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE | DP FRANZ, MICHAEL L 1710 N ORANGE BLM TR. | | | ed to Fees | 01/11/06- | 350157-024 | 150.00 177. 176. 176. 176. 176. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | DP FRANZ, MICHAEL L 1710 N ORANGE BLM TR. | | Add | | | | 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE | DP FRANZ, MICHAEL L 1710 N ORANGE BLM TR. | | Add | | | | 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS STREET ADDRESS | DP FRANZ, MICHAEL L 1710 N ORANGE BLM TR. | | Add | DO | NOT WI | RITE | 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE | DP FRANZ, MICHAEL L 1710 N ORANGE BLM TR. | | Add | DO IN T | NOT WI | RITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS STREET ADDRESS | DP FRANZ, MICHAEL L 1710 N ORANGE BLM TR. | | Add | DO | NOT WI | RITE ACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME TITLE NAME NAME NAME | DP FRANZ, MICHAEL L 1710 N ORANGE BLM TR. | | Add | DO IN T | NOT WI | RITE ACE | - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE | DP FRANZ, MICHAEL L 1710 N ORANGE BLM TR. | | Add | DO IN T | NOT WI | RITE | |

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 emogened 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

1-5-06

407-839-1018