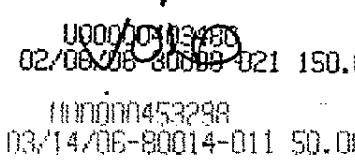


Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # G73631 1. Entity Name BROETSKY EQUIPMENT, INC.				Mar 02, 2006 08: Secretary of State	
Principal Place of Business % BEN F. ZIMMER, III 109 SUSAN DRIVE SEFFNER, FL 33584		Mailing Address % BEN F. ZIMMER, III P O BOX 18072 TAMPA, FL 33679-8072			
DO NOT WRITE IN THIS SPACE				01192006 No Chg-P CR2E034 (11/05)	
				4. FEI Number 59-2343404	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIMMER, BEN F. III 1824 ORIENT STREET TAMPA, FL 33607				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 renewing)				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 Fee			
10. OFFICERS AND DIRECTORS				 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DP BROETSKY, STEPHEN J 109 SUSAN DR SEFFNER, FL 33584			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D BROETSKY, JULIE 109 SUSAN DRIVE SEFFNER, FL 33584			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 807, 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>Julie Broetsky, Julie Broetsky</u> 1-20-06 813-390-1305 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					