2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # H33590

1. Entity Name
EQUIPMENT SPECIALISTS, INC.

Principal Place of Business	Mailing Address
310 US HWY 17 92W SUITE 125 HAINES CITY, FL 33844 US	P O BOX 929 SUITE 125 HAINES CITY, FL 33844 US

DO NOT WRITE IN THIS SPACE

02042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2480355
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, MICHAEL
310 US HWY 17-92 W
HAINES CITY, FL 33844

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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	CEOT
NAME	GORDON, BEVERLY G
STREET ADDRESS	9114 GREAT HERON CIRCLE
CITY-ST-ZIP	ORLANDO, FL 328365485
TITLE	P
NAME	GORDON, MICHAEL H
STREET ADDRESS	9114 GREAT HERON CIRCLE
CITY-ST-ZIP	ORLANDO, FL 328365485
TITLE	VS
NAME	GORDON, JEREMY A
STREET ADDRESS	8848 GREY HAWK POINTE
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/08-80089-018 158.75

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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: Jeremy A. Gordon 02/04/2008 (863)421-4567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #