

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H47626

1. Entity Name
NEELCO EQUIPMENT COUNTRY, INC.



Principal Place of Business
**1802 S. FISKE BLVD.
#101
ROCKLEDGE, FL 32955**

Mailing Address
**1802 S. FISKE BLVD.
#101
ROCKLEDGE, FL 32955**

FILED
Feb 07, 2005 08:00 AM
Secretary of State



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FES Number 59-2503142	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAFFIOT, VICTOR A
7975 BRADWICK WAY
MELBOURNE, FL 32940**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHAFFIOT, ROBERT R. 8 RIVER RIDGE DRIVE ROCKLEDGE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAFFIOT, VICTOR A. 7975 BRADWICK WAY MELBOURNE, FL 32955
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02/07/05-80041-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/05 3216323444