

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H48761

FILED  
Mar 16, 2011  
Secretary of State

Entity Name: TEAM EQUIPMENT, INC.

**Current Principal Place of Business:**

TEAM EQUIPMENT, INC.  
6620 ORCHID LAKE ROAD  
NEW PORT RICHEY, FL 34653 US

**New Principal Place of Business:**

**Current Mailing Address:**

TEAM EQUIPMENT, INC.  
6620 ORCHID LAKE ROAD  
NEW PORT RICHEY, FL 34653 US

**New Mailing Address:**

FEI Number: 59-2527359      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GERAS, JOHN PRES  
5334 HALTATA CT.  
NEW PORT RICHEY, FL 34655 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GERAS, JOHN  
Address: 5334 HALTATA  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: DS  
Name: GERAS, JOYCE L.  
Address: 5334 HALTATA CT.  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: VP  
Name: REDDY, PATRICIA J VICE PR  
Address: 4546 FT. SHAW DR.  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA J. REDDY

VP

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date