2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H51783

FILED Mar 27, 2007 Secretary of State

Entity Name: J. SWITZER & SONS EQUIPMENT, INC.

	EBRASKA AV	e of Business: /ENUE	New Principal Plac	e of Business:
	ailing Addre	ss:	New Mailing Addre	ess:
15620 N N LUTZ, FL	EBRASKA AV 33549	/ENUE		
FEI Number:	: 59-2531001	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
501 E KÉN STE 1700 TAMPA, F	E JACKSON INEDY BLVD L 33602 US			
T: :	named entity	submits this statement for the p	urpose of changing its register	red office or registered agent, or both,
	of Florida.			
	e of Florida.			
in the State	e of Florida.	nic Signature of Registered Age	ent	Date
in the State	e of Florida. RE: Electro	nic Signature of Registered Age	ent	Date
in the State SIGNATUF	e of Florida. RE: Electro	ng Trust Fund Contribution ().		Date GES TO OFFICERS AND DIRECTORS:
in the State SIGNATUF	e of Florida. RE: Electro mpaign Financii S AND DIREC	ng Trust Fund Contribution (). CTORS:) Delete HN W., RASKA AVE		
in the State SIGNATUF Election Car OFFICERS Title: Name: Address:	e of Florida. RE: Electro mpaign Financir S AND DIREC CD (SWITZER, JO 15620 N NEBI LUTZ, FL 335	ng Trust Fund Contribution (). CTORS:) Delete HN W., RASKA AVE 49) Delete HN W AN RD	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS:
in the State SIGNATUF Election Car OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electro mpaign Financir S AND DIREC CD (SWITZER, JO 15620 N NEBI LUTZ, FL 335 PD (SWITZER, JO 401 E CHAPM LUTZ, FL 335 VD (SWITZER, DA	ng Trust Fund Contribution (). CTORS:) Delete HN W., RASKA AVE 49) Delete HN W AN RD 49) Delete VID W.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN SWITZER PD 03/27/2007