

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # J51031

1. Entity Name
PILE EQUIPMENT, INC.



Principal Place of Business
**1058 ROLAND AVENUE
GREEN COVE SPRINGS, FL 32043-8361 US**

Mailing Address
**1058 ROLAND AVENUE
GREEN COVE SPRINGS, FL 32043-8361 US**



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2766568

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELLIOTT, J. MICHAEL
208 RIVER PLANTATION DR S
ST AUGUSTINE, FL 32092**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000884244
04/17/08-80036-005 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ELLIOTT, JOHN MICHAEL
STREET ADDRESS 208 RIVER PLANTATION DR S
CITY-ST-ZIP ST AUGUSTINE, FL 32092

TITLE CD
NAME RUTLAND, MARK ALAN
STREET ADDRESS 10254 CYPRESS LAKES DR
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VD
NAME FARMER, RICHARD R
STREET ADDRESS 112 RIVER PLANTATION RD. N
CITY-ST-ZIP ST AUGUSTINE, FL 32092

TITLE TSD
NAME KATZ, NOEMI N
STREET ADDRESS 1743 PAPAYA DR. N
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/08 (904)284-1779
Date Daytime Phone #