## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPES

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Jan 31, 2005 08:00 AM Secretary of State

1-25-05

Daytime Phone #

Date

ANNUAL REPORT				041151, 2000 00:00	
1. Entity Nam	MENT # K91529 PEQUIPMENT CORPORATION	DÑ		Secretary of State	
Prinzipal Place 530 E CENTI #1,601 ORLANDO, F	***	Mailing Address 530 E CENTRAL BLVD. #1601 ORLANDO, FL 32801 US			i
DO NOT WRITE IN THIS SPACE				01262005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied F. 59-2984837  5. Certificate of Status Desired S8.75 Additional Fee Required	or
#1601 ORLANDO	NTRAL BLVD. D, FL 32801		Person Name as all the	DO NOT WRITE IN THIS SPACE	
the obligat	tions of registered agent.  Signature, typed or printed name of registered egent and		d Agent signature required	tered agent, or both, in the State of Florida. I am familiar with, and accommod the state of Florida. I am familiar with, and accommod the state of Florida. I am familiar with, and accommod the state of Florida. I am familiar with, and accommod the state of Florida. I am familiar with, and accommod the state of Florida. I am familiar with, and accommod the state of Florida. I am familiar with, and accommod the state of Florida. I am familiar with, and accommod the state of Florida. I am familiar with, and accommod the state of Florida. I am familiar with, and accommod the state of Florida. I am familiar with, and accommod the state of Florida. I am familiar with, and accommod the state of Florida. I am familiar with, and accommod the state of Florida. I am familiar with, and accommod the state of Florida. I am familiar with a state of Florida. I am familiar with a state of Florida.	ept
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.		dded to Fees	
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	PD CAPUANO, GARY 530 E CENTRAL BLVD., #1601 ORLANDO, FL 32801	RECTORS		U00000205720 01/31/05-80056-024 150.00	)
NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the cor changed,	certify that the information supplied with th on this report or supplemental report is to poration or the receiver or a diseasempoor , or on an attachment with an apadress, wit	is filing does not qualify for the exe re and accurate and that my signa fred to execute this report as requi n all other like empowered.	mption stated in Se ture shall have the s red by Chapter 607	Section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath, that I am an officer or director, Florida Statutes; and that my name appears in Block 10 or Block 1	on xtor 11 if