

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L00861

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: ALTMAN EQUIPMENT AND SERVICE, INC.

## Current Principal Place of Business:

19205 COUNTY ROAD 49  
O'BRIEN, FL 32071 US

## New Principal Place of Business:

## Current Mailing Address:

19205 COUNTY ROAD 49  
O'BRIEN, FL 32071 US

## New Mailing Address:

FEI Number: 59-2962793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALTMAN, MICHAEL A OWNER  
16080 53RD ROAD  
WELLBORN, FL 32094 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: ALTMAN, MICHAEL A  
Address: 16080 53RD RD  
City-St-Zip: WELLBORN, FL 32094

Title: P ( ) Delete  
Name: ALTMAN, TIMOTHY A  
Address: 16080 53RD RD  
City-St-Zip: WELLBORN, FL 32094

Title: ST ( ) Delete  
Name: SIMPSON, STACEY L  
Address: 3050 W SOCRUM LOOP ROAD  
City-St-Zip: LAKELAND, FL 33810

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: ALTMAN, TIMOTHY A  
Address: 489 NW SPRING HOLLOW BLVD.  
City-St-Zip: LAKE CITY, FL 32055

Title: ST (X) Change ( ) Addition  
Name: SIMPSON, STACEY L  
Address: 205 SW DUSTY GLEN  
City-St-Zip: LAKE CITY, FL 32024

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: STACEY L. SIMPSON

ST

04/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date