> 2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # L07296 1. Entity Name PROCESS EQUIPMENT CONSULTANTS, INC.



FILED Apr 13, 2004 8:00 am Secretary of State 04-13-2004 90321 001 ***300.00

						GOD WE THE						
Principal Plac	e of Business		Mailing A	Address			1					
3615 E. 7TH AVE. PO BOX 5646 TAMPA FL 33675-2646			3615 E. PO BOX	3615 E. 7TH AVE. PO BOX 5646 TAMPA FL 33675-2646				66411496				
2. Principal P	Place of Business	3. Mailing	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				MOORE CR2E034 (11/03)					
City & State	e	City &	City & State				4. FEI Number 59-2970421 Applied For Not Applicable					
Zip		Country	Zip	Zip Country			5. Certificate of Status Desired See Required Fee Required					
	6. Name an	nt Registered	Registered Agent			7. Name and Address of New Registered Agent						
						Name						
	SHNER, RO					Street Address (P.O. Box Number is Not Acceptable)						
<u>361</u>	5 E. 7TH A\ 1PA FL 336					Street Address (F.O. Box Number is Not Acceptable)						
IAN	MPA FL 330	US										
						City			Zip Code)		
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												
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						•		Election Campaign Financ Trust Fund Contribution.	ing		O May Be to Fees	
10.	ABOVE THE PROPERTY.	OFFICERS AN	D DIRECTORS	DIRECTORS 11.			AD	L DDITIONS/CHANGES TO OFFICE	RS AND E	DIRECTORS	S IN 11	
TITLE	D			☐ Delete	TITLE					Change	☐ Addition	
NAME	KERSHNER, F				NAME							
STREET ADDRESS	3615 E 7 AVE	<u> </u>				ET ADDRESS						
CITY-ST-ZIP	TAMPA FL					ST-ZIP						
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	L certify that the in	formation supplied w	ith this filing do	nes not qualify for			Section	119.07(3)(i), Florida Statutes. I fur	thar cartif	u that the in	formation	
indicated	on this report of	supplemental repor	t is true and ac	curate and that m	ny sianat	ure shall have the	same :	legal effect as if made under oath	nier certif	y inai ine in Nan officer	or director	

tridicated of this report of supplemental reports inde and accurate and man hysignature shall have the same legal effect as it 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

4/8/04 Date

8/3 - 277 - 5 L 4 5 Dayline Phone #