## -2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT** Apr 12, 2004 08:00 AM Secretary of State DOCUMENT # L29168 TRANSPORTATION EQUIPMENT SPECIALISTS, INC. Principal Place of Business Mailing Address P.O BOX 351089 JACKSONVILLE FLORIDA 11637 CAMDEN RD. JACKSONVILLE, FL 32235 JACKSONVILLE, FL 32218 CR2E034 (10/03) 04082004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2978636 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BARLOW, DANNY DO NOT WRITE 11637 CAMDEN RD JACKSONVILLE, FL 32218 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. 4904 Signature, typed or printed name of registered sgent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.80 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 3.171.1 BARLOW, DANNY RAY NAME STREET ADDRESS 11637 CAMDEN RD JACKSONVILLE, FL 32218 U00000109148 C3TY - ST - Z1P 04/12/04-80031-016 150.nn TITLE NAME STREET ADDRESS CITY - \$1- 21P TITLE NAME STREET ADDRESS DO NOT WRITE CITY - \$1 - ZIP TETT F IN THIS SPACE NAME STREET ADDRESS C3TY - 57 - 73P TITLE NAME STREET ADDRESS CITY - ST - ZIP TETLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

49/04

904-751-0333

Daytime Phone #

**FILED**