

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # M03035

1. Entity Name
MULTIPLE EQUIPMENT SALES AND SERVICE, INC.



Principal Place of Business
475 SMITH STREET
BROOKSVILLE, FL 34601

Mailing Address
475 SMITH STREET
BROOKSVILLE, FL 34601

DO NOT WRITE IN THIS SPACE



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2427234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUFFMAN, LARRY A.
8366 WINDRIDGE WAY
BROOKSVILLE, FL 34613

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD HUFFMAN, LARRY A. 8366 WINDRIDGE WAY BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD HUFFMAN, PHYLLIS 8366 WINDRIDGE WAY BROOKSVILLE, FL 34613
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03/04/05-80015-007 158.75

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12. I hereby certify that the information supplied with this filing 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 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:

Phyllis A. Huffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05

Date

Daytime Phone #