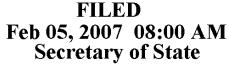
2007 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # M24898 • (2)



Entity Name D & G EQUIPMENT & SUPPLY, INC.						Secretary of State					tate
D&GE	QUIPMEN	I & SUPPLY, INC.				′					
Direct Direct Division											
Principal Place of Business				Mailing Address							
8600 COUNTY RD 635 C/O MARGARET A. DOLEZAL SEBRING FL 33875			C/0	8600 COUNTY RD 635 C/O MARGARET A. DOLEZAL SEBRING FL 33875							
2. Principal Place of Business - No P.O. Box #				3. Mailing Addross							
Suite, Apt. #, etc.			Suit	Suito, Apt. #, etc.				1st MOORE CR2E034 (10/06)			
City & State			City	City & State			4. FEI Num	59-2627362		Applie Not Ap	d For oplicable
Zip	Zip Country		Zıp	Zip Count		try	5. Certificat	e of Status Desirod	\$8.75 Fee Re	Addition quired	nal
	6. Name	and Address of Current	Register	ed Agent			7. Name an	d Address of New Registe	red Agent	· · · · · · · · · · · · · · · · · · ·	
DOLEZAL, MARGARET A.						Name					
8600 COUNTY RD 635 SEBRING FL 33875						Street Address (P.O. Box Number is Not Acceptablo)					
					City			FL 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											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Fir Trust Fund Contribution		\$5.00 i Added to	
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	DIRECTO	DIRECTORS 11.			ADDITIONS	CHANGES TO OFFICERS	AND DIREC	TORS IN	11
TITLE	PVT			☐ Detete	TITLE				☐ Cha	inge [Addilion
NAME	DOLEZAL, MARGARET A.				NAME			Lunanana			
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NAME	DOLEZAL, MARGARET A.				NAMI						
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12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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: Margaret (). Nole zul - MARGARET A. DOLEZAL 2-1-07
(SKINATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Date 863-385-5813 Daytime Phone #