2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M64029

Name:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip: KLEM, ROBERT M.,

HAYES, MISTIÉ C

JACKSONVILLE, FL 32224

JACKSONVILLE, FL 32258

3737 ST JOHNS BLUFF RD., APT 912

() Delete

5280 JULINGTON CREEK ROAD

FILED Jan 29, 2004 Secretary of State

Entity Name: R.K. EQUIPMENT, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
6927 DISTRIBUTION AVE SOUTH JACKSONVILLE, FL 32256						
Current Mailing Address:				New Mailing Address:		
P.O. BOX 17363 JACKSONVILLE, FL 32245						
FEI Number:	59-2867681	FEI Number Applied For()	FEI Number Not	Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Na				Name and Address of New Registered Agent:		
KLEM, ROBERT 14636 PLUMOSA DR JACKSONVILLE, FL 32250 US				KLEM, ROBERT W. 14636 PLUMOSA DR JACKSONVILLE, FL 32250 US		
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: ROBERT W. KLEM				01/29/2004		
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP (KLEM, ROBER 14636 PLUMO JACKSONVILL	SA DR	Title: Name: Address: City-St-Z	ip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP (KLEM, STEPHI 2756 CORTEZ JACKSONVILL	RD.	Title: Name: Address: City-St-Z	ip:	() Change () Addition	
Title:	DVP () Delete	Title [.]	DVP	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

KLEM, ROBERT M.,

9191 JONES ROAD

JACKSONVILLE, FL 32219

() Change () Addition

SIGNATURE: ROBERT W. KLEM DP 01/29/2004