2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# M64029

Entity Name: R.K. EQUIPMENT, INC.

Current Principal Place of Business:

6927 DISTRIBUTION AVE SOUTH
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17363
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 59-2867681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEM, ROBERT W PRES
14636 PLUMOSA DR
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: KLEM, ROBERT W PRES
Address: 14636 PLUMOSA DR
City-St-Zip: JACKSONVILLE, FL 32250

Title: DVP ( ) Delete
Name: KLEM, STEPHEN R VP
Address: 2756 CORTEZ RD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: DVP ( ) Delete
Name: KLEM, ROBERT M VP
Address: 9191 JONES ROAD
City-St-Zip: JACKSONVILLE, FL 32219

Title: ST ( ) Delete
Name: HAYES, MISTIE C ST
Address: 5280 JULINGTON CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: MISTIE C. HAYES ST 01/16/2009

Electronic Signature of Signing Officer or Director — Date