

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M95243

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: EQUIPMENT SERVICES OF JACKSONVILLE, INC.

## Current Principal Place of Business:

4297 DILLON ST  
P.O. BOX 60431  
JACKSONVILLE, FL 32236 US

## New Principal Place of Business:

4297 DILLON STREET  
JACKSONVILLE, FL 32236 US

## Current Mailing Address:

POB 60457  
JACKSONVILLE, FL 32236 US

## New Mailing Address:

4297 DILLON ST  
P.O. BOX 60457  
JACKSONVILLE, FL 32236 US

FEI Number: 59-2924019

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PLEIMAN, JR THOMAS C  
9140 GOLFSIDE DR  
1241 S MCDUFF AVE  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

PLEIMAN, JR THOMAS C  
9471 BAYMEADOWS ROAD  
JACKSONVILLE, FL 32256 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:

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DUCAN, DAN  
Address: 4853 WHITE BLUFF DR.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Delete  
Name: BAKER, KEITH  
Address: 4557 RAMONA BLVD  
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP ( ) Delete  
Name: DUNCAN, JASON  
Address: 1410 EASTWIND DR. NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ST ( ) Delete  
Name: CHISHOLM, JENNIFER  
Address: 6474 SHARRON RD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

## 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: ST (X) Change ( ) Addition  
Name: DUNCAN, VICKI M  
Address: 4853 WHITE BLUFF DR.  
City-St-Zip: JACKSONVILLE, FL 32225

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: ANNETTE J CHARLES

ADMN

01/07/2009

Electronic Signature of Signing Officer or Director

Date