

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003069

FILED
Jan 04, 2006
Secretary of State

Entity Name: THE EQUIPPER'S WORKSHOP, INC."

Current Principal Place of Business:

3532 ROYAL OAK DRIVE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

3532 ROYAL OAK DRIVE
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 59-3723789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHAN, MICHAEL E
3532 ROYAL OAK DRIVE
TITUSVILLE, FL 32780 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAHAN, MICHAEL E
Address: 3532 ROYAL OAK DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: BAKER, CRAIG
Address: 515 N CARPENTER RD
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: VAN KEUREN, JIM
Address: 2680 TOMOKA AVE
City-St-Zip: TITUSVILLE, FL 32780

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E. MAHAN

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01/04/2006

Electronic Signature of Signing Officer or Director

Date