

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000001575

**FILED**  
**Jul 15, 2004**  
**Secretary of State****Entity Name:** THE EQUIPPING CENTER, INC.**Current Principal Place of Business:**2 OFFICE PARK DR., STE. A-15  
PALM COAST, FL 32137**New Principal Place of Business:****Current Mailing Address:**2 OFFICE PARK DR., STE. A-15  
PALM COAST, FL 32137**New Mailing Address:****FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GLOVER, GILLARD S  
2 OFFICE PARK DR., STE. A-15  
PALM COAST, FL 32137**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: PD ( ) Delete  
Name: GLOVER, GILLARD S  
Address: 2 OFFICE PARK DR., STE. A-15  
City-St-Zip: PALM COAST, FL 32137Title: D ( ) Delete  
Name: WILSON, WILLIS  
Address: 2 OFFICE PARK DR., STE. A-15  
City-St-Zip: PALM COAST, FL 32137Title: D ( ) Delete  
Name: LUCKETT, ROSE  
Address: 2 OFFICE PARK DR., STE. A-15  
City-St-Zip: PALM COAST, FL 32137**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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** REV. GILLARD S. GLOVER

PD

07/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date