2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Feb 21, 2008 8:00 am **Secretary of State** DOCUMENT # N03000001575 1. Entity Name 02-21-2008 90017 030 ****61.25 THE EQUIPPING CENTER, INC. Principal Place of Business Mailing Address 5 SAWMILL COURT 5 SAWMILL COURT PALM COAST, FL 32164 PALM COAST, FL 32164 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 01292008 CR2E037 (12/06) 4. FEI Number 30-33 52369 APPLIED FOR City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GLOVER, GILLARD \$ Street Address (P.O. Box Number is Not Acceptable) 5 SAWMILL COURT PALM COAST, FL 32164 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Delete BRIAN BERNARU NAME GLOVER, GILLARD S NAME **5 SAWMILL COURT** 5 SAWMILL COURT STREET ADDRESS STREET ADDRESS Palm COAST FL 32164 CITY-ST-ZIP PALM COAST, FL 32164 CiTY-ST-ZIP ☐ Delete TITLE ☐ Change Addition LUCKETT, ROSE NAME WILLIAM MOSELY 5 SAWMILL COURT PALM COAST, FL & **5 SAWMILL COURT** STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALM COAST, FL 32164 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if I hereby certify that the minimum land report is true and accurate indicated on this report or supplemental report is true and accurate this report as required by one of the corporation or the receiver or trustee empowered to execute this report as required by one of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all other like empowered.

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

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SIGNATURE:

STREET ADDRESS

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TITLE

NAME

☐ Delete

☐ Change

☐ Addition

FILED