2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2007 8:00 am Secretary of State

DOCUMENT # P0000022732 1. Entity Name DANKEN USED EQUIPMENT, INC.					02-02-2007 90012 018 ***150.00				
Principal Place of Business Mailing Address									
,	DALE CIRCLE S	5221 SUNNYDALE CIRCLE S SARASOTA, FL 34233			40008909				
Principal Place of Business - No P.O. Box # Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112007	Chg-P	CR2E03	34 (12/06)	
City & State		City & State			4. FEI Number Applied For 65-0996001 Not Applicable				
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered A	gent	
CLARK, DONALD D ESQ. 1819 MAIN STREET SUITE 500									
				Street Address (P.O. Box Number is Not Acceptable)					
SARASOTA, FL 34236									
					FL 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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaurig) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				\$5. Add	.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE	D	☐ Delete	TITLE					Change	Addition
NAME	BEUKEMA, KENNETH		NAME					_ •	
STREET ADDRESS CITY-ST-ZIP	5947 RIVER FOREST CIRCLE BRADENTON, FL 34203		STREET ADDRESS CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE				 	☐ Change	Addition
NAME STORES ADDRESS	LAIRD, DANIEL		NAME						
STREET ADDRESS CITY-ST-ZIP	5221 SUNNYDALE CIRCLE S SARASOTA, FL 34233		STREET ADDRESS CITY-ST-ZIP						
TITLE	3A1A301A,1 E 34230	Delete						Channe	- Addition
NAME		□ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CTTY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition

12. 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

1/30/07