2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 16, 2005 8:00 am Secretary of State **DOCUMENT # P00000083096** 05-16-2005 90202 042 ***150.00 BARQUIP LEASING, INC. Principal Place of Business Mailing Address 7317 SEAN LANE 40004103 NORTH FORT MYERS, FL 33917 NORTH FORT MYERS, FL 33917 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04302005 City & State City & State 4. FEI Number Applied For 65-1043614 Not Applicable Country 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 RONALD LAING SAVAGE, PATRICK J Street Address (P.O. Box Number is Not Acceptable) 7317 SEAN LANE NORTH FORT MYERS, FL 33917 MYERS 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 4.28.05 SIGNATURE. printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remetating) FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete DTLE Change Addition LAING, RONALD B 7317 SEAN LANE RON ALD NAME SAUAGE, JAMES P NAME STREET ADDRESS 1110 PINE ISLAND ROAD, UNIT 5 STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33909 CITY-ST-ZIP NORTH FT. MYERS F/ 33917 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE TITLE ☐ Delete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete IM F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received 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. KONALD R. LA,NG 239-671-1713 SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED