


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90070 045 \*\*\*150.00

<b>DOCUMENT # P00000095190</b> 1. Entity Name <b>CRUSHER EQUIPMENT COMPANY, INC.</b>					
Principal Place of Business <b>12505 NW 39 AVE GAINESVILLE FL 32606</b>				Mailing Address <b>12505 NW 39 AVE GAINESVILLE FL 32606</b>	
2. Principal Place of Business <b>4000 NW 51<sup>st</sup> Street</b>		3. Mailing Address <b>P.O. Box 2399</b>			
Suite, Apt. #, etc. <b>Apt. A-1</b>		Suite, Apt. #, etc.			
City & State <b>Gainesville, Florida</b>		City & State <b>Alachua, Fl.</b>		4. FEI Number <b>59-3140765</b>	
Zip <b>32606</b>		Country <b>FL USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32606</b>		Country <b>FL USA</b>		6. Name and Address of Current Registered Agent <b>RAULERSON, J H 12505 NW 39 AVE GAINESVILLE FL 32606</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		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: <b>J.H. Raulerson</b> <i>J.H. Raulerson</i> <span style="float: right;"><b>4-15-04</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAULERSON, J H 12505 NW 39 AVE GAINESVILLE FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST RAULERSON, KATHRYN K 12505 NW 39 AVE GAINESVILLE FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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.					
SIGNATURE: <b>J.H. Raulerson</b> <i>J.H. Raulerson</i> <span style="float: right;"><b>4-15-04 (352)378-8767</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					