2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2004 8:00 am Secretary of State

ANNUAL REPURI				Secretary of State			
DOCUMENT # P01000027915 1. Entity Name PREMIER EQUIPMENT DISTRIBUTORS, INC.					4 90315 008 ***150		
1339 SW 44TH TERRACE	Mailing Address 1339 SW 44TH TERRACE DEERFIELD BEACH, FL 3			88/81 //8/1 98/Y 88/// 88	94049993		
2. Principal Place of Business 3400 Deer Creek CC Blvo		- Creek Co	B W				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04022004	Chg-P	CR2E034 (10/03)	-V4.5	
Deerfield Beach FL		each FL	4. FEI Numbe 65-108		Not	Applicable	
Zip Country	2ip 33442	Country		of Status Desired	\$8.75 Addi Fee Required		
6. Name and Address of Current Reg DEPERRO, RAYMOND 1339 SW 44TH TERRACE DEERFIELD BEACH, FL 33442	istered Agent	Street Add	Ourned rest P.O. Box Number	De Peri er is Not Acceptab reek CC			
8. The above named entity submits this statement for the the obligations of registered agent. SIGNATURE Signature for pure principles of registered agent and to find the statement for the control of	/	Registered Agent signature		ur, ii) iile state ori	DATE	and accept	
10. OFFICERS AND DIF	RECTORS	11.	ADDITIONS	CHANGES TO OF	FICERS AND DIRECTORS		
NAME DEPERRO, RAYMOND 3 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2400 Dee Deerficid P	r Creek (Stach Fl	© Change 2C Bird \$=108 - 33442	Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ate Daytime Phone #