

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90188 017 \*\*\*150.00

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04292005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P01000028519</b> 1. Entity Name <b>MICHAEL'S EQUIPMENT, INC.</b>																																																																							
Principal Place of Business <b>2878 BEARDALL AVE SANFORD, FL 32773</b>			Mailing Address <b>2878 BEARDALL AVE SANFORD, FL 32773</b>																																																																				
2. Principal Place of Business <b>351 SO. HART Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>351 SO. HART Rd</b> Suite, Apt. #, etc.		4. FEI Number <b>59-3706838</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																																																			
City & State <b>GENEVA, FL.</b>		City & State <b>GENEVA, FL.</b>																																																																					
Zip <b>32732</b>		Zip <b>32732</b>																																																																					
6. Name and Address of Current Registered Agent <b>DROPP, MICHAEL W 2878 BEARDELL AVE. SANFORD, FL 32773</b>				7. Name and Address of New Registered Agent Name <b>Michael W. Dropp</b> Street Address (P.O. Box Number is Not Acceptable) <b>351 SO. HART Rd.</b> City <b>GENEVA</b> <b>FL</b> Zip Code <b>32732</b>																																																																			
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 <u><i>Michael W. Dropp</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u><i>Apr. 30, 05</i></u>																																																																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">DP DROPP, MICHAEL W 2878 BEARDULL AVE. SANFORD, FL 32703</td> <td style="width: 10%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"><b>351 SO. HART Rd</b> <b>GENEVA, FL. 32732</b></td> <td style="width: 10%; padding: 2px; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td style="padding: 2px;">NAME</td><td></td><td></td><td style="padding: 2px;">NAME</td><td></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td></td><td></td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	DP DROPP, MICHAEL W 2878 BEARDULL AVE. SANFORD, FL 32703	<input type="checkbox"/> Delete	TITLE	<b>351 SO. HART Rd</b> <b>GENEVA, FL. 32732</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u><i>Michael W. Dropp</i></u> <span style="float: right;">Date <u><i>Apr. 30, 05</i></u> Daytime Phone # <u><i>407-46-5922</i></u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																							