

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90022 027 \*\*\*150.00

DOCUMENT # P01000028519

1. Entity Name  
MICHAEL'S EQUIPMENT, INC.



Principal Place of Business

Mailing Address

225 E. OSCEOLA AVE.  
GENEVA, FL 32732

225 E. OSCEOLA AVE.  
GENEVA, FL 32732

40114666



04302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3706838

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DROPP, MICHAEL W

225 E. OSCEOLA AVE.  
GENEVA, FL 32732

**DO NOT WRITE  
IN THIS SPACE**

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

Michael W. Dropp PAES

4-30-07

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DROPP, MICHAEL W
STREET ADDRESS	225 E. OSCEOLA AVE.
CITY-ST-ZIP	GENEVA FL 32732
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

Michael W. Dropp Michael L. W. Dropp 4-30-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #