


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000030506 1. Entity Name SOUTH FLORIDA EQUIPMENT AND COMPANY, INC.	
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Principal Place of Business 12165-19B METRO PARKWAY FORT MYERS, FL 33912	Mailing Address 12165-19B METRO PARKWAY FORT MYERS, FL 33912
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03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1088877	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KOENINGER, DAVID M 2234 COLONIAL BLVD. BOX 05 FORT MYERS, FL 33907
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GALMARINI, DANIEL 12165-19B METRO PARKWAY FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUMMINGS, GAIL 12165-19B METRO PARKWAY FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOENINGER, DAVID M 2234 COLONIAL BLVD. BOX 05 FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000119841
04/19/04-80114-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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

4/8/04 239 931 7280
Date Daytime Phone #