2005 FOR PROFIT CORPORATION . ANNUAL REPORT

DOCUMENT # P01000044810

1. Entity Name
CONCH EQUIPMENT, INC.



02142005

FILED Feb 28, 2005 08:00 AM Secretary of State

CR2E034 (10/03)

Principal Place of Business

Mailing Address

11400 OVERSEAS HWY STE 101 MARTHON, FL 33050 11400 OVERSEAS HWY STE 101 MARTHON, FL 33050



DO NOT WRITE IN THIS SPAC	DO	NOT	WRITE	IN THIS	SPAC	E
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4. FEI Number	-		Applied F
80-0051342			Not Appli
5. Certificate of Status Desired		\$8.75 Fee Rec	Additional berlug

No Cha-P

6.	Nam	e and	i Ad	dress	of (Curre	nt Re	giste	red	Agent

ANGERMANN, ADAM 11400 OVERSEAS HWY STE 101 MARTHON, FL 33050

	N, FL 33050		li.			
8. The above the obligat	named entity submits this statement for the plants of registered agent. Signsture, typed or print pains of registered agent and me	-ADAM AN	SERM	egistered agent, or bo		ind ac
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees		
TITLE NAME STHEET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D ANGERMANN, ADAM 11400 OVERSEAS HWY STE 101 MARTHON, FL 33050	CTORS			- 8800 30848440 731 38-3860 (* 34. 180.80	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u>ນ</u> ສິ	7 374 35-3600 (* 34 150 . 90 -	
NAME STREET ADDRESS DITY: ST-78P						
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TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this tiling 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 cath; that I am an officer or directly 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 changes, or on an attachment with an address, with all other like empowered.

CICALATTIDE. X Call Car

CITY-ST-ZIP