

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000018335

1. Entity Name  
J.E.O. EQUIPMENT CORP.



Principal Place of Business

14926 SW. 19 CT.  
MIRAMAR, FL 33027

Mailing Address

14926 SW 19 CT.  
MIRAMAR, FL 33027 US



04132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0607345

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ESPERON, NORBERTO  
14926 SW 19 CT.  
MIRAMAR, FL 33027

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	ESPERON, NORBERTO
STREET ADDRESS	14926 SW. 19 CT.
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	VPD
NAME	ESPERON, RIGOBERTO
STREET ADDRESS	14926 SW 19 COURT
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	S&T
NAME	ESPERON, JOSE A JR.
STREET ADDRESS	14926 SW 19 COURT
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000321018  
04/21/05-80061-012 150.00

**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)(f), 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

Date

Daytime Phone #

4/19/05 305 8874105