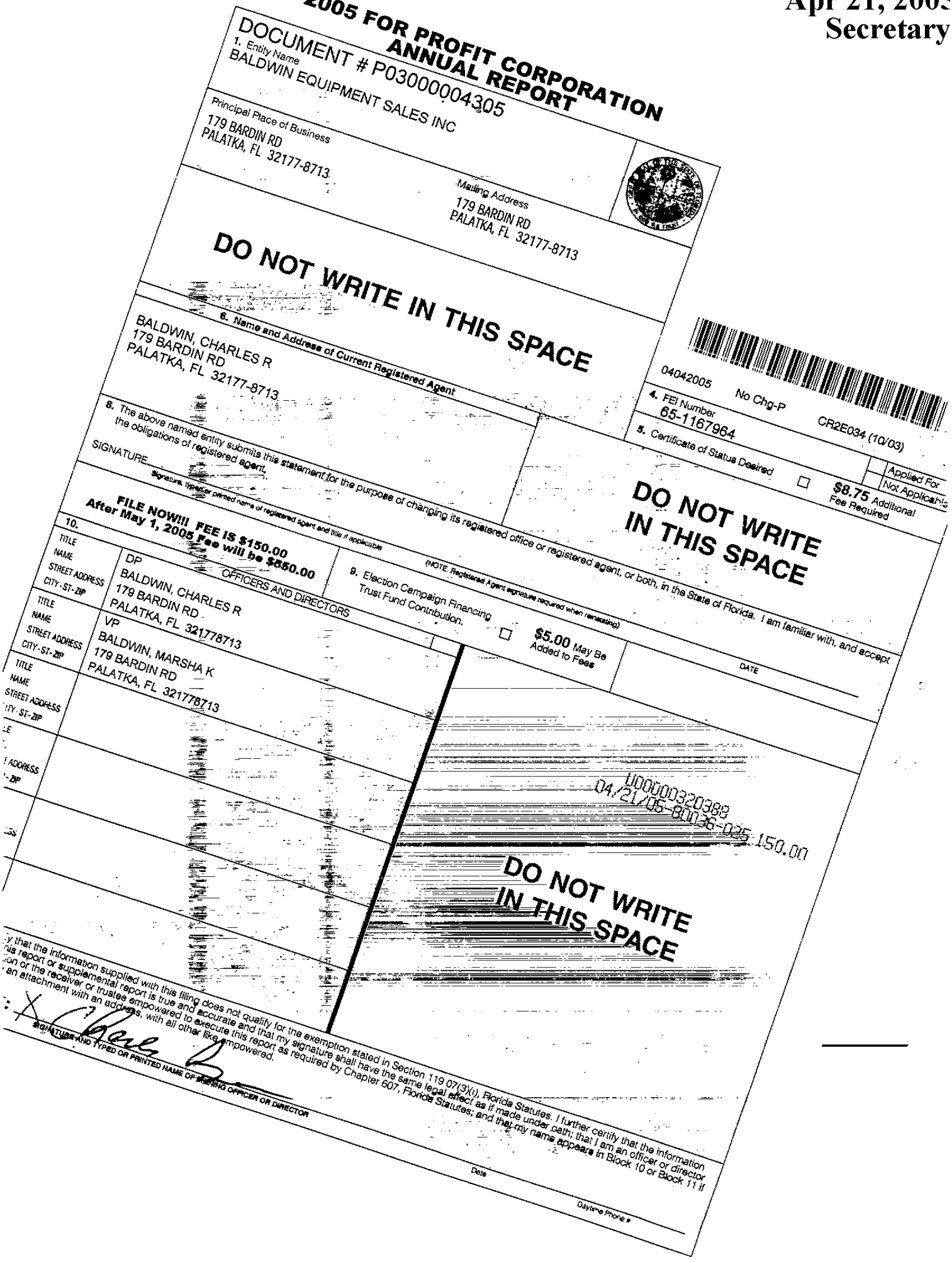
FILE
Apr 21, 2005
Secretary



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000004305

1. Entity Name
BALDWIN EQUIPMENT SALES INC

Principal Place of Business
179 BARDIN RD
PALATKA, FL 32177-8713

Mailing Address
179 BARDIN RD
PALATKA, FL 32177-8713

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BALDWIN, CHARLES R
179 BARDIN RD
PALATKA, FL 32177-8713

04042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1167964

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Applied For
Not Applicable

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)

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FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $850.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DP |
| NAME | BALDWIN, CHARLES R |
| STREET ADDRESS | 179 BARDIN RD |
| CITY-ST-ZIP | PALATKA, FL 321778713 |
| TITLE | VP |
| NAME | BALDWIN, MARSHA K |
| STREET ADDRESS | 179 BARDIN RD |
| CITY-ST-ZIP | PALATKA, FL 321778713 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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

DATE

U00000320389
04/21/05-80136-025 150.00

DO NOT WRITE IN THIS SPACE

...y 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 ...is 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 ...on 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 ... an attachment with an address, with all other like empowered.

X
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR

Date

Daytime Phone #