2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013436

Entity Name: HEAVY EQUIPMENT SERVICES OF VERO, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3215 AVIATION BLVD., #6 4630 45TH STREET VERO BCH, FL 32960 VERO BCH, FL 32967

Current Mailing Address: New Mailing Address:

3215 AVIATION BLVD., #6 4630 45TH STREET VERO BCH, FL 32960 VERO BCH, FL 32967

FEI Number: 56-2405730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MASSAGEE, WILLIAM H III
3215 AVIATION BLVD., #6
VERO BCH, FL 32960

MASSAGEE, WILLIAM H III
4630 45TH STREET
VERO BCH, FL 32967

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.

SIGNATURE: WILLIAM H MASSAGEE III 04/30/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: DPST (X) Change () Addition MASSAGEE, JOSEPH L MASSAGEE, WILLIAM H III Name: Name: 3215 AVIATION BLVD., #6 **4630 45TH STREET** Address: Address: City-St-Zip: VERO BCH, FL 32960 City-St-Zip: VERO BCH, FL 32967

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM H MASSAGEE III P 04/30/2004