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CORPORATIONS

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State
01-30-2004 90068 045 ***158.75

DOCUMENT # P03000043764

1. Entity Name
SOUTHERN FORKLIFTS PLUS, INC.

Principal Place of Business	Mailing Address
PO BOX 65758 ORANGE PARK, FL 32065	PO BOX 65758 ORANGE PARK, FL 32065

J4007155

01212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1320 Harbor Road	222 Adam Smith Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Green Cove Springs, FL	City & State: Eldersburg, MD
Zip: 32043 Country: USA	Zip: 21784 Country: USA

4. FEI Number: 57-1161226 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRITTINGHAM, PAUL E 1324 RUSHING DRIVE ORANGE PARK, FL 32065	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITTINGHAM, PAUL E 1324 RUSHING DRIVE ORANGE PARK, FL 32065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] Pres. Paul E. Brittingham 1/22/04 904-284-3133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #