

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90312 022 \*\*\*150.00

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03182006 Chg-P CR2E034 (11/05)

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|--|--|--|--|---|---|
| <b>DOCUMENT # P03000057911</b>   |  |  |  |  |   |
| 1. Entity Name<br>JLG ENTERPRISES INC.   |  |  |  |   |   |
| Principal Place of Business<br>1599 RIVERSIDE<br>HOLLY HILL, FL 32117  |  |  | Mailing Address<br>1599 RIVERSIDE<br>HOLLY HILL, FL 32117  |   |   |
| 2. Principal Place of Business<br>530 N Tymber Creek Rd  |  | 3. Mailing Address<br>530 N Tymber Creek Rd                                      |  |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |   |
| City & State<br>Ormond Beach, FL   |  | City & State<br>Ormond Beach, FL   |  | 4. FEI Number<br>55-0840210   |   |
| Applied For<br>Not Applicable  |  | 5. Certificate of Status Desired <input type="checkbox"/>                        |  | \$8.75 Additional Fee Required  |   |
| Zip<br>32174   | Country<br>USA   | Zip<br>32174   | Country<br>USA   |   |   |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent  |   |   |
| GREEN, JOHN L<br>1599 RIVERSIDE<br>HOLLY HILL, FL 32117  |  |  | Name<br>Green, John L<br>Street Address (P.O. Box Number is Not Acceptable)<br>530 N Tymber Creek Rd<br>City<br>Ormond Beach, FL Zip Code<br>32174 |   |   |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be Added to Fees   |   |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GREEN, JOHN L<br>1599 RIVERSIDE<br>HOLLY HILL, FL 32117 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Green, John L<br>530 N Tymber Creek Rd<br>Ormond Beach, FL 32174             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>X [Signature]</i>  |  | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR               |  | Date: <i>X 4-4-06</i> Daytime Phone #   |   |