


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # P03000133290 1. Entity Name GROUND FORCE EQUIPMENT SERVICE, INC.	
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Principal Place of Business 120 43RD AVENUE VERO BEACH, FL 32968	Mailing Address 120 43RD AVENUE VERO BEACH, FL 32968
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

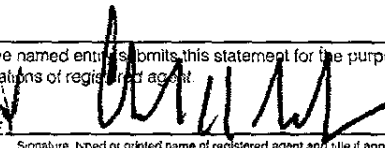
4. FEI Number 52-2415724	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRENDERGAST, RICHARD L  
130 43RD AVENUE  
VERO BEACH, FL 32968

**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 re-filing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

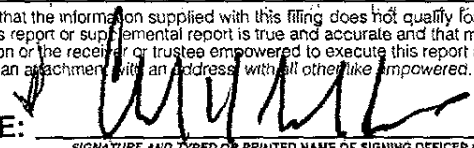
9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

UNDDDD408037  
02/08/06-80044-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHRECK, CHARLES H JR 120 43RD AVENUE VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STARR, HOWARD 1485-19TH SKY VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 1-2306