

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000134816

1. Entity Name
M & J EQUIPMENT, INC



Principal Place of Business
4335 HUCKLEBERRY LANE
SOUTHPORT, FL 32409

Mailing Address
P O BOX 400
LYNN HAVEN, FL 32444



DO NOT WRITE IN THIS SPACE

04232005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0383986	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HATCHER, MARY P
4335 HUCKLEBERRY LANE
SOUTHPORT, FL 32409

**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 _____ (NOTE: Registered Agent's signature required when re-registering) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HATCHER, MARY P
STREET ADDRESS	4335 HUCKLEBERRY LANE
CITY - ST - ZIP	SOUTHPORT, FL 32409

TITLE	ST
NAME	HOLSOMBAKE, JAMES D
STREET ADDRESS	604 WOOD TRAIL
CITY - ST - ZIP	PANAMA CITY, FL 32405

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/27/05-80039-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mary P Hatcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-05 (850)265-4359
Date Daytime Phone #