2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2004 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STR	DOCUMENT # P03000135951 1. Entity Name K. MOREY EQUIPMENT, INC.						04-09-2004	1 90028 0	43 ***15	0.00
Suite, Apt. #, etc. Suite	621 6TH AVE	ENUE N.E.	621 6TH AVENUE N.E.			34048157				
City & State Country City & State Country City & State Dealerd S8.75 Additional S8.75 Additio	2. Principal P	lace of Business	3. Mailing Address							
Zip Country Zip Country 5. Cordicate of Status Costrol Section Sections Section Sectio	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092004	Chg-P	CR2E03	34 (10/03)		
Signature Per Now Per Bay State of Current Registered Agent	City & State		City & State			4. FEI Number 20	-04125	18		
MOREY, KEVIN 621 6TH AVE N.E. LARGO, FL 33770 City City FL Zip Code City Adde City Adde City Adde City Adde Adde Adde Adde Adde Adde City Adde Adde City Adde Adde City Adde City Adde City Adde Adde City Adde Adde City Adde City Adde City Adde Adde City Adde City Adde Adde City Adde City Adde Adde City Adde Adde City Adde Adde Adde City Adde Adde City Adde Adde Adde Adde City Adde Adde Adde Adde City Adde City Adde	Zip Country			Country		<u> </u>				
Street Address (P.O. Box Number is Not Acceptable) City FL 33770		6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New I	Registered A	gent	
8. The above named entity sharper his statement for the purpose of changing its registered office or registered agent, or both, in yhe State of Florida. I am familiar with, and accept the obligations of registered depent. SIGNATURE Signature, tryptor profestrature of registered depent. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. ITIE NAME MAME SIRET ADDRESS CITY-SI-2P TITLE MAGE MAGE STREET ADDRESS CITY-SI-2P TITLE MAGE STREET ADDRESS CITY-SI-2P STREE	621 6TH A	VE N.E.	Street Address			ss (P.O. Box Number	(P.O. Box Number is Not Acceptable)			
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITUE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREE	the obligat	ions of registered agent.	E Mous		H	Bider	, in the State of Fl	3- <i>0</i>	amiliar with,	and accept
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	FIL After Ma	E NOW!!! FEE IS \$150.00	9. Election Campai	ign Finar	neing	\$5.00 May Be		DATE	(
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12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director	NAME STREET ADDRESS CITY-ST-ZIP			NAM STRE CITY	EET ADDRESS - ST-ZIP			-		☐ Addition

of the corporation or the receiver of triples 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: