## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # P04000043229  1. Entity Name HM EQUIPMENT INC.					1		0368 007 ***150	0.00
Principal Place	e of Business	Mailing Address			3			
3030 BIG SKY BLVD KISSIMMEE, FL 34744  3030 BIG SKY BLV KISSIMMEE, FL 34744  3030 BIG SKY BLV			4	· .		; 	L SOUIL GIOTTO IIINO INDIO ITBID	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232006	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Number 57-1202	207	N	pplied For ot Applicable	
Žip	Country	Zip	Coun	try		Status Desired	S8.75 Ad Fee Requir	
·	6. Name and Address of Currer	nt Registered Agent		Name	7. Name and A	ddress of New R	egistered Agent	
MARTINEZ, HECTOR M 3030 BIG SKY BLVD			-	Street Address (P.O. Box Number is Not Acceptable)				
KISSIMMEE, FL 34744				<del></del>	· · · · · · · · · · · · · · · · · · ·			
				City			FL Zip Co	de
8. The above	named entity submits this statement	for the purpose of changing its	s register	ed office or regist	tered agent, or both	, in the State of Flo		, and accept
	lons of registered agent.		<b>-</b>					•
SIGNATURE_	Signature, typed or printed name of registered age	erst and title it applicable. (NO	TE: Registere	d Agent signature requi	red when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.								
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	``من سن ـ ا	-	ncing \$	5.00 May Be dded to Fees			
FIL After M:	ay 1, 2006 Fee will be \$550	``من سن ـ ا	-	ncing . A	dded to Fees	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
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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 logal 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

407-944-1916