

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90122 039 \*\*\*150.00

**DOCUMENT # P04000048299**

1. Entity Name  
**MANAGED EQUIPMENT BROKERAGE, INC.**



Principal Place of Business

~~1231 COMMONS COURT~~  
~~CLERMONT, FL 34711~~ US

**2298 EDMONTON CT**  
**CLERMONT, FL 34711**

Mailing Address

~~1231 COMMONS COURT~~  
~~CLERMONT, FL 34711~~ US

**2298 EDMONTON CT**  
**CLERMONT, FL 34711**

**50007086**



**DO NOT WRITE IN THIS SPACE**

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**04-3787581**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STELLHORN, JACK E**  
**2298 EDMONTON COURT**  
**CLERMONT, FL 34711**

**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: *Jack E. Sellhorn* **JACK E. STELLHORN** **3/20/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: P  
NAME: LEVINE, WILLIAM R  
STREET ADDRESS: 2299 TWICKINGHAM COURT  
CITY-ST-ZIP: CLERMONT, FL 34711

TITLE: S/T  
NAME: STELLHORN, JACK E  
STREET ADDRESS: 2298 EDMONTON COURT  
CITY-ST-ZIP: CLERMONT, FL 34711

TITLE:  
NAME:  
STREET ADDRESS:  
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CITY-ST-ZIP:

**DO NOT WRITE  
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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 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: *Jack E. Sellhorn* **JACK E. STELLHORN** **3/20/06** **352-255-3671**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #