

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051581

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: COMPREHENSIVE EQUIPMENT MANAGEMENT CORPORATION

**Current Principal Place of Business:**

5512 7TH STREET  
ZEPHYRHILLS, FL 33542

**New Principal Place of Business:**

**Current Mailing Address:**

5512 7TH STREET  
ZEPHYRHILLS, FL 33542

**New Mailing Address:**

FEI Number: 43-1784109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARRIONUEVO, WALTER  
222 ROSANA DRIVE  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BARRIONUEVO, WALTER  
Address: 222 ROSANA DRIVE  
City-St-Zip: BRANDON, FL 33511

Title: VP ( ) Delete  
Name: LEISURE, MARK  
Address: 7548 SHANON LANE  
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: TREA ( ) Delete  
Name: HOSTETTER, POLLY  
Address: 800 W. WASHINGTON  
City-St-Zip: WAVERLY, MO 64096

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BARRIONUEVO, WALTER  
Address: 9405 LISBON ST  
City-St-Zip: SEFFNER, FL 33584

Title: VP (X) Change ( ) Addition  
Name: LEASURE, MARK  
Address: 7548 SHANON LANE  
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK LEASURE

VP

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date