## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P04000058376** 02-18-2005 90053 012 \*\*\*150.00 WJM EQUIPMENT SERVICE, INC. Principal Place of Business Mailing Address 5435 FARA ST P 0 BOX 522 20012489 SEBRING, FL 33876 BABSON PARK, FL 33827 2. Principal Place of Business 3. Mailing Address 1014 Country Oak Blud Suite, Apt. #, etc. Suite, Apt. #, etc. 02132005 Cha-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number Lake Wales 20.0977400. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired OIK Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Miller William MILLER, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 5435 FARA ST SEBRING, FL 33876 City wales. ake 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 agen SIGNATURE 7 14 Signature, typed or printed name (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete πпе Change ■ Addition MILLER, WILLIAM J NAME NAME 1014 Country Oaks Blud dake water FC 3380 STREET ADDRESS **5435 FARA ST** STREET ADDRESS CITY-ST-ZIP 33898 SEBRING, FL 33876 CITY-ST-7IP TITLE Delete TITLE Secretary Theresa Miller X Addition NAME NAME STREET ADDRESS 1014 Country Oaks Blvd. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL. 33898 Lake Wales, TETT F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ЯПE ☐ Delete DJI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP , CITY-ST-ZP 12. I hereby certify that the information supplied with this filing 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 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 adgress, with all other like empowered. 863-528-4675 2-14-05

G OFFICER OF DIRECTOR

FILED

Feb 18, 2005 8:00 am

Daytime Phone #