FILED Jun 05, 2006 8:00 am Secretary of State

2006 FOR PROFIT CORPORATION

ANNUAL REPORT

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ANNUAL REPORT							04-28-200	6 90193 039 *	**150.00
DOCUMENT # P04000173184 1. Enity Name EARTHSHAKER EQUIPMENT SERVICES CORPORATION									
Principal Place	of Business	,	Mailing Address				6017823	}	
165 10 S.E. 4	9TH STREE	T ROAD	P. O. BOX 4594) b	Pations	•	•
OCKLAWAHA,		us	OCALA, FL 34478 US				Oria medel odeli boli dalimi	MUR MUUNU MI k t Maal (Bin) Gi	1) 01 : (1 (70) -
2. Principal Pla	ace of Busin	053	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04252006	Chg-P	CR2E034 (11/05)	
City & State			City & State			4. FEI Number 20 - 0) 	optied For of Applicable
Zip			Ζρ			<u> </u>	of Status Desired	S8.75 Ad Fee Require	
	6. Name	and Address of Current	Registered Agent		Name	7. Name and	Address of New Re	gistered Agent:	
FOURAKRE, SHARON P CPA 2691 S.E. 52ND STREET OCALA, FL FL					Street Address (P.O. Box Number is Not Acceptable)				
					City			FI Zip Coo	le l
B. The above the obligati	named entitions of regis	y submits this statement fo tered agent.	r the purpose of changing its	s register	ed office or registe	ered agent, or both	n, in the State of Flor	·	and accept
SIGNATURE_		or printed name of registered agent	ero ma d'aprècarie (NO	ff: Banssa	ed Agent signature require	Id when (weekstoo)		DATE	
	Signature, types	Dr. Durrell berue or left-tre-on effe.s	1000-4422						——-
Fil. After Ma	E NOW!!! by 1, 200	FEE IS \$150.00 6 Fee will be \$550.	9. Election Campa Trust Fund Cor			0.00 May Be ded to Fees		٠	
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFIC	CERS AND DIRECTOR	SIN 11
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NAME	BAKER,		_	NA)					1
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mue			☐ Delete	III MA	I			☐ Change	Addition
NAME STREET ADDRESS	1				REET ADDRESS				}
CITY-ST-ZIF					Y-51-20P		_		
12. I hereby indicated of the co	certify that to don this rep exporation or d, or on an a	he information supplied wit on or supplemental report the receiver or trustee emp trachment with an address.	h this filing does not qualify is true and accurate and that owered to execute this rapo with all other like empowere	for the ex t my sign int as requi	xemptions contains ature shall have the uired by Chapter 60	ed in Chapter 119 s same legal effec 07, Florida Statute	, Florida Statutes, f. t as if made under o s; and that my name	further certify that the eth; that I am an office appears in Block 10 o	information or director or Block 11 if
SIGNA		Marker	Saber				4/25/06		72.695
	•	SIGNATURE AND TYPED OR	PRINTED NAME OF BIGHING OFFICE	ER OR DIRE	CTOR		Date	Daytime Phone a	ſ