2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 14, 2008 8:00 am Secretary of State DOCUMENT # P07000043851 04-14-2008 90043 006 ***150.00 1. Entity Name R & M EQUIPMENT ENTERPRISES INC. Principal Place of Business Mailing Address **4202 PANDORA ROAD** 4202 PANDORA ROAD VENICE, FL 34293 VENICE, FL 34293 40067721 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-8804352 Not Applicable Ζiρ Country Country Zip \$8.75 Additional . . 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VERCHESKI, RICHARD Street Address (P.O. Box Number is Not Acceptable) **4202 PANDORA ROAD** VENICE, FL 34293 Zip Code F 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE Change VERCHESKI, MARY VERCHESKI, RICHARD NAME NAME 4202 PANDORA RD. 4202 PANDORA ROAD STREET ADDRESS STREET ADDRESS VENICE, FL 34293 VENICE F1.34293 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITTE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ther like empowered.

Vercheski 4/9/08

FILED