2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000111381

FILED Apr 22, 2008 Secretary of State

Entity Name: DAWSON & JONES EQUIPMENT CENTRAL FLORIDA CORPORATION

Current Principal Place of Business: New Principal Place of Business: 6333 NEWMAN CIRCLE WEST LAKELAND, FL 338112279 **Current Mailing Address: New Mailing Address:** 6333 NEWMAN CIRCLE WEST LAKELAND, FL 338112279 FEI Number: 26-1230546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRIBBLE, JERRY D 6333 NEWMAN CIRCLE WEST LAKELAND, FL 338112279 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **PRFS** () Change (X) Addition TRIBBLE, JERRY D Name: Name: 6333 NEWMAN CIRCLE WEST Address: Address: City-St-Zip: City-St-Zip: LAKELAND, FL 33811 US Title: Title: VΡ () Change (X) Addition () Delete Name: Name: TRIBBLE, JOYCE P 6333 NEWMAN CIRCLE WEST Address: Address: LAKELAND, FL 33811 US City-St-Zip: City-St-Zip: Title: () Delete Title: **TRES** () Change (X) Addition CARSON, KEVIN A Name: Name: 6411 43RD AVE N Address Address: City-St-Zip: City-St-Zip: KENNETH CITY, FL 33709 US Title: () Delete Title: SECT () Change (X) Addition CARSON, CINDY T Name: Name: Address: Address: 6411 43RD AVE N City-St-Zip: City-St-Zip: KENNETH CITY, FL 33709 US Title: Title: () Change (X) Addition () Delete Name: Name: CARSON, SHAWN A Address: 3700 9TH AVE N APT #F13 Address: City-St-Zip: City-St-Zip: ST PETERSBURG, FL 33709 US Title: () Delete Title: () Change (X) Addition Name: Name: JONES, STEPHEN 3725 POST ROAD Address: Address: City-St-Zip: City-St-Zip: CUMMING, GA 30040 US 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 supplied with this filling 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: JERRY D TRIBBLE PRES 04/22/2008