2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # P31245 PUIPMENT SALES, INC.			•			, or state
Principal Place of Business Mailing Address PO BOX 275 200 BROAD STREET THIRD FLO CROSSVILLE, AL 35962 GADSDEN, AL 35901			OOR, SUITE B				
С	O NOT WRITE I	CE	02212005 No Chg-P CR2E034 (10/03) 4. FEI Number				
1201 HAY SUITE 10	NTICE-HALL CORPORATION SYS S STREET	DO NOT WRITE IN THIS SPACE					
the obligate	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and title		d Agent signature required		th, in the State of Flo	orida. I am familia	r with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 OFFICERS AND DIRE PD FORTENBERRY, LARRY 118 WILDHAVEN DR.	Trust Fund Contribution.	□ Addi	ed to Fees	U00001	0254491 -80076021	150 00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALBERTVILLE, AL V FORTENBERRY, LYNN 7210 SAND VALLEY RD ATTALLA, AL				0.3701705	-04010-021	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KNOX, DAWN F 3104 HONOR'S ROW HAMPTON COVE, AL 35763	- <u>-</u>			NOT W		
TITLE NAME STREET ADCRESS CITY-ST-ZIP				IN	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the corchanged,	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowers or on an attachment with an address, with a	filing does not qualify for the exer and accurate and that my signat of to execute this report as requir if other like empowered.	nption stated in Secure shall have the s ed by Chapter 607	ction 119.07(3)(same legal effec , Florida Statute	i), Florida Statutes. I it as if made under c s; and that my name	further certify that path; that I am an e appears in Block	t the information officer or director k 10 or Block 11 if

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: