## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 08:00 AM Secretary of State

DOCL	JM	IΕN	!T#	P31	1245

1. Entity Name

D & F EQUIPMENT SALES, INC.



Principal Place of Business

PO BOX 275 CROSSVILLE, AL 35962 Malling Address

200 BROAD STREET THIRD FLOOR, SUITE B GADSDEN, AL 35901



01132007

No Chg-P

CR2E034 (11/05)

4. FEI Number 63-0956780

Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

3. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105
TALLAHASSEE FL 32301

## DO NOT WRITE IN THIS SPACE

TITLE PD NAME FORTENBERRY, LARRY STREE ADDRESS 118 WILDHAVEN DR. ALBERTVILLE, AL  UD0000619534.	TALLAHASSEE, FL 32301			INTHIS SPACE			
TITLE NAME FORTENBERRY, LYNN STREET ADDRESS ATTALLA, AL.  TITLE ST KNOX, DAWN F STREET ADDRESS CITY-ST-ZIP HAMPTON COVE, AL 35763  FILE NOWILL FEE IS \$150.00 P. Election Campaign Financing St. 0.00 May Be Added to Fees  \$5,000 May Be Added to Fees			urpose of changing its registere	d office or registered agent, or bo	oth, in the State of Florida. I am fa	amiliar with, and accept	
After May 1, 2007 Fee will be \$55.00  Trust Fund Contribution.  Added to Fees  10. OFFICERS AND DIRECTORS  TITLE PD FORTENBERRY, LARRY 118 WILDHAVEN DR. ALBERTVILLE, AL 02/03/07-80001-005 iS0;  TITLE V FORTENBERRY, LYNN STREET ADDRESS 7210 SAND VALLEY RD ATTALLA, AL  TITLE ST KNOX, DAWN F 3104 HONOR'S ROW HAMPTON COVE, AL 35763  Trust Fund Contribution.  Added to Fees  DO NOTENBERS  INTER ADDRESS  INTER ADDRESS  TITLE NAME STREET ADDRESS  STREET AD	SIGNATURE	Signature, typed or printed name of registered agent and title t	applicable. (NOTE: Registered	Agent signature required when reinstating)	DATE		
TITLE PD NAME FORTENBERRY, LARRY STREE ADDRESS 118 WILDHAVEN DR. ALBERTVILLE, AL  UD0000619534.						· ·	
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NAME STREET ADDRESS	NAME STREET ADDRESS			JN	THIS SPACE		
CITY-ST-ZIP	NAME 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 offset 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 other like empowered.

SIGNATURE: /

NAME STREET ADDRESS CITY-ST-ZIP

HI OUT IN LANKY FOR TENDENNY 4-26-07

256-528-7842