

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000081838

1. Entity Name
EQUIPMENT RESOURCES, INC.



Principal Place of Business

**4267 ONDICH ROAD
APOPKA, FL 32712**

Mailing Address

**P. O. BOX 160511
ALTAMONTE SPRINGS, FL 32716**



04112005 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3216579

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STALLINGS, EUELL SR.
4267 ONDICH ROAD
APOPKA, FL 32712**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

04/27/06-80064-016 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
STALLINGS, EUELL SR.
4267 ONDICH ROAD
APOPKA, FL 32712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
STALLINGS, CRYSTAL
4267 ONDICH ROAD
APOPKA, FL 32712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
STALLINGS, DONA
4267 ONDICH ROAD
APOPKA, FL 32712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 other like empowered.

SIGNATURE:

Euell Stallings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06
Date

407-884-7313
Daytime Phone #