2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Apr 17, 2006 08:00 AM Secretary of State **DOCUMENT # P94000057142** LEE'S EQUIPMENT SERVICE, INC. Principal Place of Business Mailing Address 2981 RIBBON COURT 2981 RIBBON COURT FT. MYERS, FL 33905 FT. MYERS, FL 33905 No Chg-P CR2E034 (11/05) 02122005 DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 65-0515082 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent WILLIAMS, RUFUS L DO NOT WRITE 2981 RIBBON COURT FT. MYERS, FL 33905 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, typed or printed name of registered egent and fille if applicable (NOTE: Registered Agent signature required when remetating) \$. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE 13 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PTO TITLE WILLIAMS, RUFUS L NAME 000000514825 2981 RIBBON COURT STREET ADDRESS 04/29/06-80188-003 158.75 CITY-ST-ZIP FT. MYERS, FL 33905 TITLE WILLIAMS, GIAL NAME STREET ADDRESS 2981 RIBBON COURT CITY-ST-ZIP FT. MYERS, FL 33905 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CATY-ST-ZIP TATLE

12. I hereby certily that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certily 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 cettly 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: Lewes Lee William

NAME
STREET ADDRESS
GITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP