2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

PROMECH EQUIPMENT REPAIR, INC. Principal Place of Business 3735 N.E. 6711 TERR SIVER SPINNS FL 34488 US STORM SPINNS FL	DOCUMENT # P95000082725 1. Entity Name				Feb 18, 2004 08:00 AM Secretary of State
2. Principal Place of Stumess	PROMECH EQUIPMENT REPAIR, INC.				Secretary of State
SILVER SPRINGS FL 34488 2. Princetal Pace of Business Sute. Apr. 4, viv. Sute. Apr. 4, viv. Sute. Apr. 4, viv. Sute. Apr. 4, viv. City & State Cor, &	Principal Plac	e of Business	Mailing Address		
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Second Control Fee Required Fe	City & State		City & State		E0.2228826
BARKSDALE, GLENN P 3735 NE 67TH TERR, SILVER SPRINGS FL 34488 City	Zıp	Country	Zip	Country	5. Certificate of States Desired Fee Required
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the		6. Name and Address of Current	Registered Agent	Nama	7. Name and Address of New Registered Agent
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 10,	3735 NE 67TH TERR.			Street Address	(P.O. Box Number is Not Acceptable)
TILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State Detection Carry St. 2P STREET ADDRESS	0.2				
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Signature Sign			r the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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