


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P960000494710 |  |
| 1. Entity Name FLEET-EQUIP, INC. | |

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| Principal Place of Business 9357 SE 126 BLVD. OKEECHOBEE, FL 34974 | Mailing Address 9357 SE 126 BLVD. OKEECHOBEE, FL 34974 |
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01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0670162 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent RATHBUN, THOMAS G 9357 SE 126 BLVD OKEECHOBEE, FL 34974 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000916545 05/13/08-80004-017 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE P | NAME RATHBUN, THOMAS G |
| STREET ADDRESS 9357 SE 126 BLVD. | CITY-ST-ZIP OKEECHOBEE, FL 34974 |
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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: Tom RATHBUN **4/18/08** **8637636606**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #