2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED Apr 04, 2005 08:00 AM Secretary of State

				Secretary of State
DOCUMENT # P96000059763 1. Entity Name BROWN EQUIPMENT CO. OF OCALA, INC.			Secretary of State	
•	aricamp roa <u>d</u>	Mailing Address 4070 S.E. MARICAMP ROAD 0CALA, FL 34471		
DO NOT WRITE IN THIS SPACE			CE	01262005 No Chg-P CR2E034 (10/03) 4. FEI Number
BROWN, E L JR 4070 S.E. MARICAMP ROAD OCALA, FL 34471				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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				OO May Be ed to Fees
10.	OFFICERS AND DIR	ECTORS '	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN,ELJR 4070 S.E. MARICAMP ROAD OCALA, FL 34471			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Materials	U00000288487 04/05/05-80011-017 150.00
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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)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature final have the same legal effect as if made under oath, that I am an officer or of the corporation or the receiver or trustee empowered to execute this report or 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.				