## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000063503

US

1. Entity Name

FORTUNE'S EQUIPMENT CO.



FILED Mar 22, 2006 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

8420 T E ROGERS RD LAUREL HILL, FL 32567 8420 T E ROGERS RD LAUREL HILL, FL 32567

US



DO NOT WRITE IN THIS SPACE

02112006 No Chg-P CR

CR2E034 (11/05)

4. FEI Number 59-3402724

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

| FORTUNE, SCOTT S<br>8420 T E ROGERS RD<br>LAUREL HILL, FL 32567  |  |   | DO NOT WRITE<br>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 alignature required when reinstating)  DATE   |  |   |                               |                                |  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00  |  | 9. Election Campaign Financing \$5 Trust Fund Contribution. |                               | \$5.00 May Be<br>Added to Fees | 1100000476472<br>04/06/06-80011-018 158.75 |  |
| 10.  | 10. OFFICERS AND DIRECTORS   |   |                               |                                |  |  |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE  | D<br>FORTUNE, SCOTT S<br>8420 T E ROGERS RD<br>LAUREL HILL, FL 32567 |   |                               |                                |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |                               |                                |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |                               | DO                             | NOT WRITE                                  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-2IP  |  |   | IN THIS SPACE                 |                                |  |  |
| TITLE NAME STREET ADDRESS CITY ST-ZIP  |  |   |                               |                                |  |  |

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.

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TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR