

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90001 044 ***550.00

DOCUMENT # P96000082796

1. Entity Name
A & P EQUIPMENT COMPANY, INC.



Principal Place of Business
**21075 SW 246 ST
HOMESTEAD FL 33031
5663 CR 64 E.
AUCON PARK, FL 33825**

Mailing Address
**PO BOX 974075
MIAMI FL 33107
5663 CR 64 E.
AUCON PARK, FL 33825**



2. Principal Place of Business
**5663 CR 64 E.
AUCON PARK, FL 33825**

3. Mailing Address
**5663 CR 64 E.
Suite, Apt. #, etc.**

2nd MOORE CR2E034 (5/05)

City & State
AUCON PARK, FL

City & State
AUCON PARK, FL

Zip
33825

Country
Highlands

Zip
33825

Country
Highlands

4. FEI Number **65-0696799**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GARNER, PHILLIS
21075 SW 246 ST
HOMESTEAD FL 33031**

7. Name and Address of New Registered Agent
Name **Phillis Garner**
Street Address (P.O. Box Number is Not Acceptable)
5663 CR 64 E.
City **AUCON PARK, FL** Zip Code **33825**

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 **Phillis Garner** **Phillis Garner** **8-19-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARNER, ANDY 21075 SW 246 ST HOMESTEAD FL 33031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDY GARNER P. 5663 CR 64 E. AUCON PARK, FL 33825 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARNER, PHILLIS 21075 SW 246 ST HOMESTEAD FL 33031 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phillis Garner 5663 CR 64 E V. AUCON PARK, FL 33825 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other like empowered.

SIGNATURE: **Phillis Garner** **Phillis Garner V.** **863**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **452-5950**