


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000030547 1. Entity Name FLORIDA NATIVE PRODUCTS & EQUIPMENT SERVICES, INC.		
Principal Place of Business 21189 S.W. WARFIELD INDIANTOWN, FL 34956	Mailing Address P.O. BOX 2134 OKEECHOBEE, FL 34973	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEWIS, VALERIE 405 NW 4TH AVE OKEECHOBEE, FL 34972		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD CREWS, PAULA 21189 S.W WARFIELD BLVD INDIANTOWN, FL 34956	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CREWS, R. MARK PO B O X 2134 INDIANTOWN, FL 34956	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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. SIGNATURE: <u>Paula Crews</u> <u>PAULA CREWS</u> <u>2/24/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0759444	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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03/09/06-80038-009 150.00

**DO NOT WRITE
IN THIS SPACE**