

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000032326

1. Entity Name

MEDCO EQUIPMENT SALES, INC.



Principal Place of Business

13047 SW 133 COURT
MIAMI, FL 33186

Mailing Address

13047 SW 133 COURT
MIAMI, FL 33186



02132007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0757228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIKES, STEVEN F
13047 SW 133 COURT
MIAMI, FL 33186

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SIKES, STEVEN F
STREET ADDRESS 13047 SW 133 COURT
CITY-ST-ZIP MIAMI, FL 33186

TITLE VD
NAME SIKES, JAMES C
STREET ADDRESS 13047 SW 133 COURT
CITY-ST-ZIP MIAMI, FL 33186

TITLE STD
NAME SIKES, HELEN W
STREET ADDRESS 13047 SW 133 COURT
CITY-ST-ZIP MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000840718
02/28/07-80077-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/07 305-255-9538