## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Apr 13, 2004 08:00 AM Secretary of State

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1. Entity Name LLOYD POWELL EQUIPMENT REPAIRS INC.



Principal Place of Business 10051 TAYLOR FIELD ROAD JACKSONVILLE, FL 32222 Mailing Address

10051 TAYLOR FIELD ROAD IACKSONVILLE, FL 32222



01252004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3452614

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DEETER, RUSS 1753 HOLLY OAKS RAVINE DRIVE JACKSONVILLE, FL 32225

SIGNATURE:

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	named entity submits this statement for the prions of registered agent.	urpose of changing its register	ed office or r	egistered agent, or bot	h, in the State of Florida. I am temiliar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title d	applicable. (NOTE, Registere	ed Agent signature	required when reinstating)	DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Final Trust Fund Contribution.	Election Campaign Financing \$5.00 May Be     Trust Fund Contribution.		U88808111280 04/13/04-80010-015 150.80		
10.	OFFICERS AND DIREC	TORS	1				
THEE NAME STREET ADDRESS CITY-ST-ZIP	PTD POWELL, RICHARD 2843 ILENE DRIVE JACKSONVILLE, FL 32216				• •		
TRILE NAME SIREET ADDRESS CITY-SI-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZEP				IN <sup>-</sup>	THIS SPACE		
TITLE NAME STREET ADORESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY - ST - ZIP					AND CONTRACT OF CO		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.							

NAME OF SIGNING OFFICER OR DIRECTOR