

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90046 023 ***150.00

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1. Entity Name

FORESTRY EQUIPMENT, INC.



Principal Place of Business

13101 WEST HIGHWAY 326
OCALA FL 34482-1043

Mailing Address

P. O. BOX 1810
OCALA FL 34478-1810

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3468574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VARNER, SID
13101 WEST HIGHWAY 326
OCALA FL 34482-1043

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME VARNER, SID
STREET ADDRESS 1420 SE 73 RD PL
CITY-ST-ZIP Ocala FL 34480

TITLE V ☐ Delete
NAME ~~VARNER, JOE~~
STREET ADDRESS ~~410 N.E. 45TH TERRACE~~
CITY-ST-ZIP ~~OCALA FL 34470~~

TITLE ST ☐ Delete
NAME ~~WOOD, MARY~~
STREET ADDRESS ~~2901 SW 41 ST~~
CITY-ST-ZIP ~~OCALA FL 34474~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Change ☐ Addition
NAME VARNER, JOE
STREET ADDRESS 6918 SE 12TH TERR
CITY-ST-ZIP Ocala, FL 34480

TITLE ST ☒ Change ☐ Addition
NAME WOOD, MARY
STREET ADDRESS ~~2625 SW 20TH CIRCLE~~
CITY-ST-ZIP Ocala, FL 34474

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SID VARNER, PRES 2-19-04

Date

Daytime Phone #

352-732-4646