## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### 05-17-2004 90010 014 \*\*\*150.00 DOCUMENT # P98000043301 JACKSON EQUIPMENT, INC. Principal Place of Business Mailing Address 24075888 541787 US HWY 1 852458 US HILLIARD, FL 32046 541787-US HWY 1 552459 US Hwy I HILLIARD, FL 32046 2. Principal Place of Business Fackson Equ 03012003 Cha-P CR2E034 (10/03) 4. FEI Number Applied For Æ 59-3511781 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 2046 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Schuetz William SCHUETZ, WILLIAM J 552458 US Hwy.1 HILLIARD, FL 32046 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change TITLE ☐ Defete TITI E ☐ Addition SCHUETZ, WILLIAM J NAME MARIE STREET ADDRESS 2310 SHIPWRECK CIRCLE W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32224 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 12. I heleby 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 of 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 of the corporation of th SIGNATURE: URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

May 17, 2004 8:00 am Secretary of State



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 7, 2004

JACKSON EQUIPMENT, INC. 541787 US HWY 1 HILLIARD, FL 32046

SUBJECT: JACKSON EQUIPMENT, INC. Ref. Number: P98000043301

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Eula Peterson Document Specialist

Letter Number: 004A00031919



### **Annual Report**

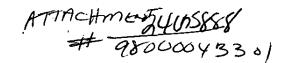
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P9800043301
Business Entity Name
JACKSON EQUIPMENT, INC.

FEI Number FEI Number Status Certificate of Status Desired	593511781  • Applied For • Not Applicable • Current • Yes • No
Principal Address Suite, Apt. #, etc. City, State Zip Code & Country	Place of Business  552458 US HWY 1  HILLIARD  FL  y 32046
Ma Address Suite, Apt. #, etc. City, State Zip Code & Country	iling Address 552458 US HWY 1  HILLIARD , FL y 32046
Name And Add Name (Last, First, Middle, Title) -or- RA Business Name Address	ress of Registered Agent  SCHUETZ , WILLIAM , J ,  552458 US HWY 1

Division of Corporations	## P98000043301	Page 2 of 2
Suite, Apt. #, etc. City, State Zip Code & Country	HILLIARD , FL	)
the 'Registered Agent Signa individual name. If the RA is their behalf. A busine	changed, the new RA must type their returned block below. RA signature MUST a business entity, an individual must ess entity cannot serve as its own RA.	be an
Registered Agent Signatur	·e	
<u></u>	Continue Reset  Start Over	
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Business Entity Name
JACKSON EQUIPMENT, INC.

Election Campaign Financing Trust Fund Contribution

o Yes . No

### Officer/Director Name And Address

Title	Р
Name (Last, First, Middle, Title)	SCHUETZ WILLIAM J
<b>-or-</b> Entity Name Street Address	2310 SHIPWRECK CIRCLE W
City, State	JACKSONVILLE , FL
Zip Code & Country	32224
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle,	

Name (Last, First, Middle, https://efile.sunbiz.org/scripts/ubr002.exe

Division of Corporations	ATTACHMENT Page 2 of 3 # 9800004334 Page 2 of 3
Title) -or- Entity Name Street Address City, State Zip Code & Country	
Title Name (Last, First, Middle, Title) -or- Entity Name Street Address City, State Zip Code & Country	
Title Name (Last, First, Middle, Title) -or- Entity Name Street Address City, State Zip Code & Country	
Title Name (Last, First, Middle, Title) -or- Entity Name Street Address City, State Zip Code & Country	

# c List more than sixOfficers/Directors

# No additionalOfficers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not

allowed in this block. Title	Р	
Officer/Director :	Signature WILLIAM J SCHUETZ	
,		
	Continue Reset	
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	Start Over	

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### **Annual Report**

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Corporate Annual Report # - P98000043301	_

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Password	
E-mail Address	

Sunbiz E-file Account Payment Reset

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