

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000047243

1. Entity Name
EQUIPMENT MAINTENANCE, INC.



Principal Place of Business
**2715 CHEYENNE RD
SEBRING, FL 33875 US**

Mailing Address
**2715 CHEYENNE RD
SEBRING, FL 33875 US**



01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0835735

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KETCHNER, TIMOTHY A
2715 CHEYENNE RD
SEBRING, FL 33875**

**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 *Timothy A Ketchner* *Timothy A Ketchner* *1/25/04*
Signature, typed or printed name of registered agent and fee 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**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **KETCHNER, TIMOTHY A**
STREET ADDRESS **2715 CHEYENNE ROAD**
CITY-ST-ZIP **SEBRING, FL 33875**

TITLE **VP**
NAME **KETCHNER, KIM M**
STREET ADDRESS **2715 CHEYENNE ROAD**
CITY-ST-ZIP **SEBRING, FL 33875**

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01/29/04-80028-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Timothy A Ketchner* *Timothy A Ketchner* *1/25/04* *561-718-1230*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #