

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000055529

Entity Name: GEMINI EQUIPMENT SALES, INC.

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

2815 LAKE JOSEPHINE DR
SEBRING, FL 33875

New Principal Place of Business:

Current Mailing Address:

2815 LAKE JOSEPHINE DR
SEBRING, FL 33875

New Mailing Address:

FEI Number: 59-3519084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUCHINSKY, GERALD M
2770 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

TAYLOR, ROBIN E
2815 LAKE JOSEPHINE DR
SEBRING, FL 33875 US

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.

SIGNATURE: ROBIN TAYLOR

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TAYLOR, ROBIN
Address: 2815 LAKE JOSEPHINE DR
City-St-Zip: SEBRING, FL 33875

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: CORBRIDGE, LELAND G DVM
Address: 2815 LAKE JOSEPHINE DR
City-St-Zip: SEBRING, FL 33875

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN TAYLOR

D

04/29/2006

Electronic Signature of Signing Officer or Director

Date