

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90023 003 ***558.75

DOCUMENT # P99000022975

1. Entity Name

MUNICIPAL EQUIPMENT SALES CORP.



Principal Place of Business

**6608 SEAFAIRER DRIVE
TAMPA FL 33615**

Mailing Address

**6608 SEAFAIRER DRIVE
TAMPA FL 33615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3564181

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SLACK, DAVID C
6608 SEAFAIRER DR
TAMPA FL 33615**

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

David C. Slack

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004**

Make Check Payable to Florida Department of State

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSTD
SLACK, DAVID C
6608 SEAFAIRER DRIVE
TAMPA FL 33615**

☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

David C. Slack **DAVID C. SLACK, PRESIDENT 7-26-04 813 855-2171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #