
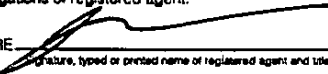



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000101838 1. Entity Name MILCO EQUIPMENT COMPANY, INC.			FILED 06 FEB 22 PM 12: 35 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																								
Principal Place of Business POST OFFICE BOX 1403 BUNNELL, FL 32110		Mailing Address POST OFFICE BOX 1403 BUNNELL, FL 32110																																									
DO NOT WRITE IN THIS SPACE																																											
01202006 No Chg-P CR2E034 (11/05)																																											
4. FEI Number 59-3614719		Applied For <input checked="" type="checkbox"/> Not Applicable																																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																									
6. Name and Address of Current Registered Agent MILLER, JOSEPH S PO BOX 1402 BUNNELL, FL 32110		Joseph S. Miller 601 S. State St. Bunnell, FL 32210																																									
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: 		Joe Miller 1-25-06 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td>MR</td></tr><tr><td>NAME</td><td>MILLER, JOSEPH S</td></tr><tr><td>STREET ADDRESS</td><td>PO BOX 1402</td></tr><tr><td>CITY- ST- ZIP</td><td>BUNNELL, FL 32110</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>		TITLE	MR	NAME	MILLER, JOSEPH S	STREET ADDRESS	PO BOX 1402	CITY- ST- ZIP	BUNNELL, FL 32110	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		DO NOT WRITE IN THIS SPACE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		1-25-06 366-437-2108 <small>DATE Daytime Phone #</small>																																									