

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90008 023 ***550.00

DOCUMENT # S28911

1. Entity Name
NATIONAL SPECIALTY EQUIPMENT, INC.



Principal Place of Business: 4910 HWY 574 W PLANT CITY FL
 Mailing Address: C/O SUNCOAST CONVENTION SERV., INC. 4800 N HWY 301 TAMPA FL 33610

54065828



MOORE CR2E034 (4/04)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3058031		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PHILLIPS, JESSE J 4520 SWANN AVE. TAMPA FL 33647				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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: *Jesse J Phillips* (Signature) / (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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	UNIKER, JULIE			NAME			
STREET ADDRESS	4910 HWY 574 W			STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	UMIKER, THOMAS L.			NAME			
STREET ADDRESS	4910 HWY. 574 W.			STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUEHNER, JAMES F.			NAME			
STREET ADDRESS	8528 THISTLEWOOD CT.			STREET ADDRESS			
CITY-ST-ZIP	DARIEN IL			CITY-ST-ZIP			
TITLE	CEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, JESSE J			NAME			
STREET ADDRESS	4520 SULANN AVE.			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33609			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Jesse J Phillips* / SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date: 7/27/04 / Daytime Phone #: 836288301