## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Jan 24, 2005 08:00 AM DOCUMENT # S28911 **Secretary of State** 1. Entity Name NATIONAL SPECIALTY EQUIPMENT, INC. Principal Place of Business Mailing Address 4910 HWY 574 W C/O SUNCOAST CONVENTION SERV., INC. 4800 N HWY 301 TAMPA FL 33610 PLANT CITY FL 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc CR2E034 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 59-3058031 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHILLIPS, JESSE J Street Address (P.O. Box Number is Not Acceptable) 4520 SWANN AVE. TAMPA FL 33647 City 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 accompany to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accompany to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accompany to the purpose of changing its registered agent, or both, in the State of Florida. the obligations of registered agent, SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when roinstating) DATE. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THEE ☐ Delete HEE Change U00000190031 NAME UNIKER, JULIE 01/24/05-80118-014 150.00 STREET ADDRESS 4910 HWY 574 W STREET ADDRESS CITY-ST-ZIP PLANT CITY FL CHIY-ST-7P THE ☐ Delete DELE ☐ Change ☐ A ' '''' NAME UMIKER, THOMAS L. MAME 4910 HWY. 574 W. STREET ADDRESS STREET ADOMESS CITY-ST-ZIP PLANT CITY FL CHY-SI-ZIP HILLE Delete ЫU Change □ Addition NAME BUEHNER, JAMES F. NAME STREET ADDRESS 8528 THISTLEWOOD CT. STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP DARIEN IL CEO TITLE ☐ Delete OHE Change Adiátic PHILLIPS, JESSE J NAME NAME 4520 SULANN AVE. STREET ADDRESS STREET ADDRESS **TAMPA FL 33609** CHTY ST-ZIP CITY-ST-ZIP 1000 Delete THEF Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7F 41111 Delete Tritt Change Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not grafilly 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 emprovered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block of the corporation or the receiver or trustee emprovered.

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