2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S28911

Entity Name: NATIONAL SPECIALTY FOLIPMENT INC

FILED Apr 26, 2009 Secretary of State

Littly Name. NATIONAL SPECIALT EQUIPMENT, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4910 HWY PLANT CIT					
Current Mailing Address:			New Mailing Address:		
C/O SUNC 4800 N HW TAMPA, FL	/Y 301	ENTION SERV., INC.			
FEI Number:	59-3058031	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
PHILLIPS, JESSE J 4520 SWANN AVE. TAMPA, FL 33647 US			PHILLIPS, JESSE J 4800 U.S. HWY 301 N TAMPA, FL 33610	4800 U.S. HWY 301 N	
The above in the State		submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:			04/26/2009	
	Electro	nic Signature of Registered Age	nt	Date	
Election Can	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS	AND DIREC	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S (UNIKER, JULII 4910 HWY 574 PLANT CITY, F	4 W	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (UMIKER, THO 4910 HWY. 57 PLANT CITY, F	'4 W.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BUEHNER, JA 8528 THISTLE DARIEN, IL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	CEO () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JJESSE PHILLIPS PRES 04/26/2009

PHILLIPS, JESSE J

4800 US HWY 301 N

TAMPA, FL 33610

Name:

Address:

City-St-Zip: