2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S35331

1. Entity Name
A-BAR-B EQUIPMENT SALES, INC.

Principal Place of Business	Mailing Address
12100 NW 110TH AVE REDDICK, FL 32686 US	12100 N.W. 110TH AVE. REDDICK, FL 32686 US

DO NOT WRITE IN THIS SPACE

02182004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3057028	Applied For
	Not Applicable

5. Certificate of Status Desired   ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EGAN, THOMAS M
925 SE 17TH STREET
OCALA, FL 34470

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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: _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	CULLISON, H. E., III
STREET ADDRESS	12100 NW 110TH AVE
CITY-ST-ZIP	REDDICK, FL
TITLE	DP
NAME	CULLISON, TAMARA K
STREET ADDRESS	12100 NW 110TH AVE
CITY-ST-ZIP	REDDICK, FL
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	

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02/20/04-80079-011 158.75

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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: _Tamara Cullison Tamara Gillison_   2/18/04   352-591-4088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #