2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 21, 2005 08:00 AM DOCUMENT # S59038 **Secretary of State** 1. Entity Name OCOEE EQUIPMENT, INC. Principal Place of Business Mailing Address 553 ROPER PARKWAY 553 ROPER PARKWAY OCOEE, FL 34761 OCOEE, FL 34761 No Chg-P CR2E034 (10/03) 01142005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3067501 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NEWMAN, EDWARD J. DO NOT WRITE 2315 SOUTH LAKESHORE DRIVE CLERMONT, FL 34761 IN THIS SPACE 5. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NEWMAN, EDWARD J. NAME #000#0188173 01/24/05-80043-025 150.00 STREET ADDRESS 2315 SOUTH LAKESHORE DRIVE CLERMONT, FL 34761 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ME IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CRTY-ST-ZIP TITLE NAME STREET ADDRESS CMY-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. upna **SIGNATURE:**

FILED

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