


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # S78593	
1. Entity Name FLORIDA TOOL & EQUIPMENT SERVICE, INC.	

Principal Place of Business 4300 MAINE AVE LAKELAND, FL 33801	Mailing Address PO BOX 1118 EATON PARK, FL 33840
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DO NOT WRITE IN THIS SPACE



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3080189

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, MICHAEL A.
2873 WOODCREST LANE
LAKELAND, FL 33801

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALEXANDER, MICHAEL A.
STREET ADDRESS	2873 WOODCREST LANE
CITY-ST-ZIP	LAKELAND, FL
TITLE	ST
NAME	ALEXANDER, SUSAN
STREET ADDRESS	2873 WOODCREST LN
CITY-ST-ZIP	LAKELAND, FL
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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IN THIS SPACE

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04/22/06-80079-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Michael A. Alexander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____