2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED DOCUMENT # S87809 Feb 10, 2006 08:00 AN **Secretary of State** GREAT SOUTHERN EQUIPMENT, INC. Mailing Address Principal Place of Business 1023 S. 50TH ST. 1023 S. 50TH ST. TAMPA, FL 33619 US TAMPA, FL 33619 02032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3395980 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERWERD, RAYMOND K DO NOT WRITE 1023 S. 50TH STREET TAMPA, FL 33619 IN THIS SPACE 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 reinstaling) U00000429261 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 02/21/06-80081-021 150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FERWERDA, RAYMOND K NAME **1023 S 50TH STREET** STREET ADDRESS TAMPA, FL CITY-ST-ZIP TITLE FERWERDA, RAYMOND K JR. NAME 1023 S 50TH STEET STREET ADDRESS CITY-ST-ZIP TAMPA, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ICNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond K. Férwerda

:-3-06 81

813 248-4971

Daytime Phone #