2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2007 08:00 AM DOCUMENT # S87809 **Secretary of State** 1. Entity Name 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 US 01262007 CR2E034 (11/05) No Cha-P 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent eignature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FERWERDA, RAYMOND K NAME STREET ADDRESS 1023 S 50TH STREET CITY-ST-ZIP TAMPA, FL TITLE FERWERDA, RAYMOND K JR. U00000617280 02/07/07-80067-019 150.00 NAME **1023 S 50TH STEET** STREET ADDRESS TAMPA, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MIF HAME

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:

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

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond K. Ferwerda

1-30-07

813 248-4971

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