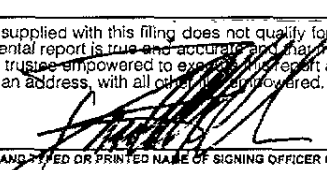


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # H33085 1. Entity Name H & A EQUIPMENT COMPANY, INC.		
Principal Place of Business 135 BACON POINT RD. PAHOKEE, FL 33476 US	Mailing Address C/O CAROL ARLINE P O BOX 220 PAHOKEE, FL 33476-7220 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HATTON, ROGER 2727 BACOM POINT RD PAHOKEE, FL 33476		DO NOT WRITE 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 reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD HATTON, ROGER 2727 BACOM POINT RD PAHOKEE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ALLEN, PAUL 13348 HWY 441 N CANAL POINT, FL 33438	
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		
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 information provided.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2472474	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

U00000526460
05/04/06-80074-025 150.00

**DO NOT WRITE
IN THIS SPACE**

4/18/06 Sue1-984-2455
Date Daytime Phone #