



State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 03/27/2006
Business ID: 118762
William M. Gardner
Secretary of State

LAKEWOOD EQUIPMENT INC.

PO BOX 484
ALTON, NH 03809

ADDRESS OF PRINCIPAL OFFICE:

PO BOX 484
ALTON, NH 03809

REGISTERED AGENT AND OFFICE:

BRADFORD JONES
85 PORTSMOUTH AVENUE
STRATHAM, NH 03885

ENTITY TYPE: CORPORATION

BUSINESS ID: 118762

STATE OF DOMICILE: NEW HAMPSHIRE

EQUIPMENT HOLDING, CONSTRUCTION AND DEVELOPMENT

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

The new mailing address 155 LAKEWOOD DRIVE, ALTON BAY, NH 03810

The new principal office address 155 LAKEWOOD DRIVE, ALTON BAY, NH 03810

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

A

PRES. BRADFORD ALLEN JONES

STREET 155 LAKEWOOD DRIVE

CITY/STATE/ZIP ALTON BAY NH 03810

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

B

DIR. BRADFORD HERBERT JONES

STREET 85 PORTSSMOUTH AVE.

CITY/STATE/ZIP STRATHAM NH 03885

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: BRADFORD ALLEN JONES

Please print name and title of signer: BRADFORD ALLEN JONES / PRESIDENT

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529