


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G48909</b> 1. Entity Name TAMPA BAY MACHINING, INC.	
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Principal Place of Business 13601 MCCORMICK DR. TAMPA, FL 33626	Mailing Address 13601 MCCORMICK DR. TAMPA, FL 33626
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05062004 No Chg-F CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2337821	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

TAMMY L. COE  
13601 MCCORMICK DRIVE  
TAMPA, FL 33626

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

**9.** Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEFAUVER, JEFF 13601 MCCORMICK DR TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS COE, TAMMY 13601 MCCORMICK DR TAMPA, FL 33626
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05/10/04-80007-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Tammy L. Coe **5/5/04** **(813)855-5768**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #