


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000024041</b> 1. Entity Name MIARCACHEE MACHINING & FABRICATION, INC.	
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**FILED**  
04 MAR -8 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 31927 MIARCACHEE ROAD MYAKKA CITY, FL 34251	Mailing Address 31927 MIARCACHEE ROAD MYAKKA CITY, FL 34251
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**DO NOT WRITE IN THIS SPACE**

02252004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1091134</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**8. Name and Address of Current Registered Agent**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	BRAWN, WILLIAM H
STREET ADDRESS	31927 MIARCACHEE ROAD
CITY-ST-ZIP	MYAKKA CITY, FL 34251

000030933090  
03/23/04--01072--009 \*\*150.00

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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:** HOYT Brawn **HOYT Brawn** 3/5/04 941-322-0204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR