## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 27, 2004 8:00 am Secretary of State DOCUMENT # P03000022692 1. Entity Name 02-27-2004 90023 026 \*\*\*150.00 PRIME MACHINING, INC. Principal Place of Business Mailing Address 930 FLORIDA AVENUE ORANGE CITY FL 32763 930 FLORIDA AVENUE **ORANGE CITY FL 32763** 2. Principal Place of Business 3. Mailing Address 1730 LANGLEY 1730 LANGLEY RvE Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State DELAND Applied For City & State 56-2322010 DELAND Not Applicable \$8.75 Additional 5. Certificate of Status Desired U 5 A USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALLENTINE, KENNETH N Street Address (P.O. Box Number is Not Acceptable) 930 FLORIDA AVENUE ORANGE CITY FL 32763 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 11. C/P/T **Addition** mr ☐ Delete TITLE ☐ Change KENNETH N. BALLENTINE NAME NAME 930 FloRIDA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE CITY, FL 32763 v/s Addition ☐ Delete TITLE Change TITLE REYNALDO MAPAS 580 E. Palmetto Ave. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD, FL TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED