

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000037694

FILED  
Apr 06, 2005  
Secretary of State

Entity Name: PRO AMERICAN MACHINE SHOP, INC.

**Current Principal Place of Business:**

4920 B N. US HWY 441  
OCALA, FL 34475

**New Principal Place of Business:**

**Current Mailing Address:**

4920 B N. US HWY 441  
OCALA, FL 34475

**New Mailing Address:**

FEI Number: 30-0184249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLINE, TONY  
4920 B N. US HWY 441  
OCALA, FL 34475 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CLINE, TONY  
Address: 4920 B N. US HWY 441  
City-St-Zip: OCALA, FL 34475

Title: D ( ) Delete  
Name: CLINE, STACEY  
Address: 4920 B N. US HWY 441  
City-St-Zip: OCALA, FL 34475

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACEY CLINE

D

04/06/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date