## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000045005

Entity Name: ADVANCED CNC MANUFACTURING, INC.

**Current Principal Place of Business:** 

2313 DESTINY WAY ODESSA, FL 33556

**Current Mailing Address:** 

P.O. BOX 991

ODESSA, FL 33556

FEI Number: 61-1412132 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARROSSO, MARIA 2313 DESTINY WAY ODESSA, FL 33556 US

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.

Title

D

SIGNATURE:

Title

Electronic Signature of Registered Agent

Date

FILED Apr 30, 2014

**Secretary of State** 

CC0624074789

## Officer/Director Detail:

PD

Name	CARROSSO, MIGUEL A	Name	CARROSSO, MARIA I
Address	2313 DESTINY WAY	Address	2313 DESTINY WAY

City-State-Zip: ODESSA FL 33556 City-State-Zip: ODESSA FL 33556

Title D Title D

NameCARROSSO, MARIA GNameCARROSSO, MARIA MAddress2313 DESTINY WAYAddress2313 DESTINY WAYCity-State-Zip:ODESSA FL 33556City-State-Zip: ODESSA FL 33556

Title O Title O

NameCARROSSO, MARIA INameCARROSSO, MARIA MAddress2313 DESTINY WAYAddress2313 DESTINY WAYCity-State-Zip:ODESSA FL 33556City-State-Zip:ODESSA FL 33556

I hereby 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 all other like empowered.

SIGNATURE: MARIA CARROSSO OFFICER

Electronic Signature of Signing Officer/Director Detail

04/30/2014 Date