

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000037694

**Entity Name:** PRO AMERICAN MACHINE SHOP, INC.

**Current Principal Place of Business:**

4920 B N. US HWY 441  
OCALA, FL 34475

**Current Mailing Address:**

4920 B N. US HWY 441  
OCALA, FL 34475

**FEI Number: 30-0184249**

**Certificate of Status Desired: No**

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

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

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

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D	Title	D
Name	CLINE, TONY KPRES	Name	CLINE, STACEY NSEC
Address	4920 B N. US HWY 441	Address	4920 B N. US HWY 441
City-State-Zip:	OCALA FL 34475	City-State-Zip:	OCALA FL 34475

*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: STACEY N. CLINE**

**CORPORATE  
SECRETARY**

**01/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date