

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90455 021 \*\*\*150.00

**DOCUMENT # 146110**

1. Entity Name  
**GENERAL ENGINEERING & MACHINE COMPANY**



Principal Place of Business

**712 S. OREGON AVE  
200  
TAMPA, FL 33606 US**

Mailing Address

**712 S. OREGON AVE  
200  
TAMPA, FL 33606 US**

**14016963**



04122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0551438**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KRUSEN, W.A. JR  
712 S. OREGON AVE  
SUITE 200  
TAMPA, FL 33606**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TS  
JONES, DOUGLAS N  
712 S. OREGON AVE. STE. 200  
TAMPA, FL 33606**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CD  
KRUSEN, W.A. SR.  
712 S. OREGON AVE. SUITE 200  
TAMPA, FL 33606**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
KRUSEN, W.A. JR.  
712 S. OREGON AVE. SUITE 200  
TAMPA, FL 33606**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
KRUSEN, W.A. III  
712 S. OREGON AVE. SUITE 200  
TAMPA, FL 33606**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
KRUSEN, CHARLES B  
712 S. OREGON AVE. SUITE 200  
TAMPA, FL 33606**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
KRUSEN, PAMELA  
350 E. 57TH ST. APT 15B  
NEW YORK, NY 10022**

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Douglas N. Jones* **4-30-04**

**813-837-3009**