

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

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

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TS
NAME	JONES, DOUGLAS N
STREET ADDRESS	712 S. OREGON AVE. STE. 200
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	CD
NAME	KRUSEN, W.A. SR.
STREET ADDRESS	712 S. OREGON AVE. SUITE 200
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	PD
NAME	KRUSEN, W.A. JR.
STREET ADDRESS	712 S. OREGON AVE. SUITE 200
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	KRUSEN, W.A. III
STREET ADDRESS	712 S. OREGON AVE. SUITE 200
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	KRUSEN, CHARLES B
STREET ADDRESS	712 S. OREGON AVE. SUITE 200
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	MEYSES, PAMELA
STREET ADDRESS	350 E. 57TH ST. APT 15B
CITY-ST-ZIP	NEW YORK, NY 10022

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05/05/05-80041-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

W.A. Krusen, Sr.
W.A. Krusen, Sr.
Chairman

4/25/05

813-837-3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #