2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State
05-05-2006 90172 034 ***150.00

DOCUMENT # 146110

1. Entity Name
GENERAL ENGINEERING & MACHINE COMPANY

Principal Place of Business	Mailing Address
712 S. OREGON AVE 200 TAMPA, FL 33606 US	712 S. OREGON AVE 200 TAMPA, FL 33606 US

04102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1414 W SWANN AVE	1414 W SWANN AVE
Suite, Apt. #, etc.: SUITE 100	Suite, Apt. #, etc.: SUITE 100
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33606 Country: USA	Zip: 33606 Country: USA

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	7. Name and Address of New Registered Agent
KRUSEN, W.A. JR 712 S. OREGON AVE SUITE 200 TAMPA, FL 33606	Name: KRUSEN, W.A. JR. Street Address (P.O. Box Number is Not Acceptable): 1414 W SWANN AVE SUITE 100 City: TAMPA FL Zip Code: 33606

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: W.A. KRUSEN, JR. 4/23/06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS JONES, DOUGLAS N 712 S. OREGON AVE. STE. 200 TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS JONES, DOUGLAS N. 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD KRUSEN, W.A. SR. 712 S. OREGON AVE. SUITE 200 TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD KRUSEN, W. A. JR. 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KRUSEN, W.A. JR. 712 S. OREGON AVE. SUITE 200 TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KRUSEN, W. A. JR. 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUSEN, W.A. III 712 S. OREGON AVE. SUITE 200 TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUSEN, W. A. III 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUSEN, CHARLES B 712 S. ORAGON AVE. SUITE 200 TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRUSEN, CHARLES B. 1414 W SWANN AVE, SUITE 100 TAMPA, FL 33606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEYSES, PAMELA 350 E. 57TH ST. APT 15B NEW YORK, NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, JR. 4/23/06 813-837-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #