2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 259576

1. Entity Name
SPACE MACHINE & ENGINEERING CORP.

Principal Place of Business	Mailing Address
2327 16TH AVE., N	2327 16TH AVE., N
SAINT PETERSBURG, FL 33713	SAINT PETERSBURG, FL 33713

DO NOT WRITE IN THIS SPACE

03182005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-0968300	Not Applicable

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

6. Name and Address of Current Registered Agent

LOYD, WILLIAM R
2327 16TH AVENUE NORTH
ST. PETERSBURG, FL 33713

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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	PTS
NAME	LOYD, WILLIAM R.
STREET ADDRESS	2615 DRIFTWOOD STREET
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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03/24/05-80021-013 150.00

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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)(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: _William R. Loyd, President_   3/21/2005 747-323-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #