## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #272988** 

1. Entity Name

PROMPT MACHINE & ENGINEERING CO



FILED Feb 22, 2007 08:00 A Secretary of State

Principal Place of Business

5600 COMMERCIAL BLVD WINTER HAVEN, FL 33880 Mailing Address

5600 COMMERCIAL BLVD WINTER HAVEN, FL 33880



02032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1425105 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BEUERLE, GUENTHER 5600 COMMERCIAL BLVD. WINTER HAVEN, FL 33880

## 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				required when reinstating)	DATE
FiLE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan- Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEUERLE, LINDA 5600 COMMERCIAL BLVD. WINTER HAVEN, FL				U00000644961
IITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEUERLE, GUENTHER 5600 COMMERCIAL BLVD WINTER HAVEN, FL				03/02/07-80065-002 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REX, BILL 5600 COMMERCIAL BLVD WINTER HAVEN, FL 33880			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REX, ANDREA 5600 COMMERCIAL BLVD WINTER HAVEN, FL 33880	÷.		IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 flustee 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 appears with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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