2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 204886

1. Entity Name
W AND W MACHINE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 244	P.O. BOX 244
EAGLE LAKE, FL 33839-7244	EAGLE LAKE, FL 33839-7244

DO NOT WRITE IN THIS SPACE

04202004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1148278	Not Applicable

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

6. Name and Address of Current Registered Agent

WALES, BRUCE E.
138 REAM ROAD
WINTER HAVEN, FL 33880

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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)

U00000141725   DATE
04/30/04-80023-011 150.00

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	PD
NAME	WALES, BRUCE E.
STREET ADDRESS	138 REAM ROAD
CITY-ST-ZIP	WINTER HAVEN, FL

TITLE	STD
NAME	WALES, ANNE MARILEE
STREET ADDRESS	138 REAM ROAD
CITY-ST-ZIP	WINTER HAVEN, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Bruce E. Wales_   4/28/04   863-293-2990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #