
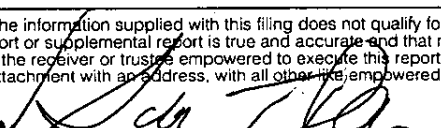


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90051 001 \*\*\*158.75

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # 313008</b><br>1. Entity Name<br><b>TOWNLEY MANUFACTURING COMPANY, INC.</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>10251 SE 110TH ST ROAD<br/>P O BOX 221<br/>CANDLER, FL 32111-0221</b>  |  |   | Mailing Address<br><b>107 NE 1ST AVENUE<br/>OCALA, FL 34470 US</b>   |  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  |  |
| City & State   |  | City & State  |  |  |  |
| Zip  | Country  | Zip   | Country  |  |  |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent  |  |  |
| <b>TOWNLEY, J.O. J<br/>10551 SE 110TH ST RD<br/>CANDLER, FL 32111</b>  |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 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.<br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VD<br/>TOWNLEY, WILLIAM P<br/>P O BOX 221<br/>CANDLER, FL 32111</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VSD<br/>DEAN, SARAH T<br/>P O BOX 221<br/>CANDLER, FL 32111</b> <input type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD<br/>TOWNLEY, J.O. JR<br/>P O BOX 221<br/>CANDLER, FL 32111</b> <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VD<br/>TOWNLEY, TIMOTHY<br/>P O BOX 221<br/>CANDLER, FL 32111</b> <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>TOWNLEY, WILLIAM V.<br/>PO BOX 215<br/>CANDLER FL 32111</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>TOWNLEY, SAMUEL J.<br/>106 STATION ST<br/>BECKLEY WV 25801</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| 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. |  |   |  |  |  |
| <b>SIGNATURE:</b>   |  |   | <b>SARAH T. DEAN 1/14/04 (352) 687-3001</b>  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | <small>Date Daytime Phone #</small>  |  |  |



01122004 Chg-P CR2E034 (10/03)

4. FEI Number **59-1205861** Applied For ☐ Not Applicable ☐

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