

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # 313008

1. Entity Name
**TOWNLEY ENGINEERING AND MANUFACTURING
COMPANY, INC.**



Principal Place of Business
**10251 SE 110TH ST ROAD
P O BOX 221
CANDLER, FL 32111-0221**

Mailing Address
**2215 SE FT KING ST
STE B
OCALA, FL 34471 US**



03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1205861

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOWNLEY, J.O. J
10551 SE 110TH ST RD
CANDLER, FL 32111**

**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 _____
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000362134

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TOWNLEY, WILLIAM P
P O BOX 221
CANDLER, FL 32111**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
DEAN, SARAH T
P O BOX 221
CANDLER, FL 32111**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TOWNLEY, J O, JR
P O BOX 221
CANDLER, FL 32111**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TOWNLEY, TIMOTHY
P O BOX 221
CANDLER, FL 32111**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TOWNLEY, WILLIAM V
P.O. BOX 215
CANDLER, FL 32111**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TOWNLEY, SAMUEL J
106 STATION ST
BECKLEY, WV 25801**

**DO NOT WRITE
IN THIS SPACE**

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: **Sarah T. Dean** ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(352) 687-3001

Date Daytime Phone #