

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 412164

1. Entity Name

MICRO TOOL & ENGINEERING, INC.



Principal Place of Business

7575 CENTRAL INDUSTRIAL DRIVE  
RIVIERA BEACH, FL 33404

Mailing Address

7575 CENTRAL INDUSTRIAL DRIVE  
RIVIERA BEACH, FL 33404



02022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1482202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LACASSE, MARIO  
11067 OAK WAY CIRCLE  
PALM BEACH GARDENS, FL 33410

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VT
NAME	LACASSE, DINAH A.
STREET ADDRESS	4411 BAMBOO DRIVE
CITY-ST-ZIP	PALM BCH GARDENS, FL 33410
TITLE	PT
NAME	LACASSE, FRANCOISE
STREET ADDRESS	4388 DAWN RIDGE STREET
CITY-ST-ZIP	PALM BCH GARDENS, FL 33410
TITLE	V
NAME	LACASSE, PIERRE R.
STREET ADDRESS	13355 53 CT N
CITY-ST-ZIP	ROYAL PALM BCH, FL 33411
TITLE	V
NAME	LACASSE, MARIO L.
STREET ADDRESS	11067 OAK WAY CIRCLE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/06-80034-013 150.00

**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:** FRANCOISE LACASSE  
*Francoise Lacasse*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/2006  
Date

(561)842-7381  
Daytime Phone #