


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # 432576	
1. Entity Name SIEWERT TOOL & DIE, INC.	
	
Principal Place of Business 3388 PHILLIPS HWY JACKSONVILLE, FL 32207	Mailing Address 3388 PHILLIPS HWY JACKSONVILLE, FL 32207



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1482946	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BALL, JOHN S 1 INDEPENDENT DRIVE, STE 2600 JACKSONVILLE, FL 32202	DO NOT WRITE IN THIS SPACE
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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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIEWERT, DARYL A 5093 LINCOLNSHIRE JACKSONVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NINSTILL, HENRY 3784 MICHAELS LANDING JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SIEWERT, BRIAN D 5093 LINCOLNSHIRE RD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS SIEWERT, DEBRAH Y 5093 LINCOLNSHIRE RD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/17/07-80042-024 158.75

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-07