2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005
Secretary of State

DOCUMENT# 503759

Entity Name: TIMCO ENGINEERING, INC.

Current Principal Place of Business:

849 NW SR 45
NEWBERRY, FL 326690370 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 370
NEWBERRY, FL 32669 US

New Mailing Address:

FEI Number: 59-1652435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS, ELIZABETH C
P.O. BOX 370
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

SANDERS, SAMUEL S
P.O. BOX 370
NEWBERRY, FL 32669 US

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.

SIGNATURE: S. S. SANDERS 01/28/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: SANDERS,, SAMUEL S
Address: 911 N.W. 42ND TERRACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: D ( ) Delete
Name: SANDERS, ELIZABETH C
Address: 849 NW STATE ROAD 45
City-St-Zip: NEWBERRY, FL 32669 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: SANDERS,, SAMUEL S
Address: 3927 NW 42ND COURT
City-St-Zip: GAINESVILLE, FL 32605 US

Title: D (X) Change ( ) Addition
Name: SMITH, PAUL J
Address: 849 NW STATE ROAD 45
City-St-Zip: NEWBERRY, FL 32606 US

Title: D ( ) Change (X) Addition
Name: BOHN, CHRISTINE S
Address: 18417 NW 28TH PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: D ( ) Change (X) Addition
Name: CLAVIER, BRUNO
Address: 2434 SW 98TH DRIVE
City-St-Zip: GAINESVILLE, FL 32609

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. S. SANDERS PRES 01/28/2005
Electronic Signature of Signing Officer or Director Date