## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 503759**

Title:

Name:

Address:

City-St-Zip:

Entity Name: TIMCO ENGINEERING, INC.

FILED Mar 05, 2008 Secretary of State

Current Pr	incipal Place o	f Business:	New Principal Place of	New Principal Place of Business:	
849 NW SR 45 NEWBERRY, FL 326690370 US					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P O BOX 37 NEWBERR	70 Y, FL 32669	US			
FEI Number:	59-1652435	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SANDERS, SAMUEL S 849 NW SR 45 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.					
SIGNATUR	E:				
Electronic Signature of Registered Agent			1	Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PS () D SANDERS,, SAMU 3927 NW 42ND C GAINESVILLE, FL	JEL S OURT	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () D SMITH, PAUL J 849 NW STATE R NEWBERRY, FL	OAD 45	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () D BOHN, CHRISTINI 18417 NW 28TH F NEWBERRY, FL	E S PLACE	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: S S SANDERS PRES 03/05/2008

() Delete

CLAVIER, BRUNO

2434 SW 98TH DRIVE

GAINESVILLE, FL 32609

() Change () Addition