

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 541950

FILED
Jan 08, 2007
Secretary of State

Entity Name: FLORIDA MACHINE TOOL SERVICES, INC.

Current Principal Place of Business:

260 WILMETTE AVENUE
P.O. BOX 545
ORMOND BEACH, FL 32175

New Principal Place of Business:

260 WILMETTE AVENUE
ORMOND BEACH, FL 32174

Current Mailing Address:

260 WILMETTE AVENUE
P.O. BOX 545
ORMOND BEACH, FL 32175

New Mailing Address:

FEI Number: 59-1761869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JAMES A.
557 N BEACH STREET
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, JAMES A.,
Address: 557 N. BEACH ST.
City-St-Zip: ORMOND BEACH FL,

Title: ST () Delete
Name: SMITH, JULIA M,
Address: 557 N. BEACH ST.
City-St-Zip: ORMOND BEACH FL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: JULIA M SMITH

MRS

01/08/2007

Electronic Signature of Signing Officer or Director

_____ Date