

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 541950

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA MACHINE TOOL SERVICES, INC.

**Current Principal Place of Business:**

260 WILMETTE AVENUE  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SMITH, JAMES A.  
Address: 557 N. BEACH ST.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ST  
Name: SMITH, JULIA M  
Address: 557 N. BEACH ST.  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: JULIA M SMITH

ST

01/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date