

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90169 011 \*\*\*150.00

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04122006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # 609684</b>			
1. Entity Name DE VLUGT MACHINE AND TOOL CO., INC.			
Principal Place of Business 3300 W 37TH ST ORLANDO, FL 32861-8186 US		Mailing Address P.O. BOX 618186 ORLANDO, FL 32861-8186	
2. Principal Place of Business		3. Mailing Address 16924 Beauclaire Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Tavares, FL	
Zip	Country	Zip 32778	Country
4. FEI Number 59-2013589		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  DEVLUGT, DIRK 4627 WOODLOT CT ORLANDO, FL 32811		7. Name and Address of New Registered Agent Name Mary M. McDaniel, PA Street Address (P.O. Box Number is Not Acceptable) 1330 Citizens Blvd, Suite 302 City Leesburg FL Zip Code 34748	
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 <u>Mary M. McDaniel</u> Mary M. McDaniel, Pres. DATE <u>4/18/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DEVLUGT, CAROLE 4627 WOODLOT CT ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD DeVlugt, Carole 16924 Beauclaire Ct Tavares, FL 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Carole DeVlugt</u> Carole DeVlugt		Date <u>4-17-06</u> (352) 343-2013	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	