

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90004 020 ***550.00

DOCUMENT # 639176

1. Entity Name
LIDDY'S MACHINE SHOP, INC.



Principal Place of Business
**825 DORA STREET
JACKSONVILLE, FL 32204**

Mailing Address
**825 DORA STREET
JACKSONVILLE, FL 32204**

50060781



2. Principal Place of Business
825 Dora Street
Suite, Apt. #, etc.

3. Mailing Address
825 Dora Street
Suite, Apt. #, etc.

08012005 Chg-P CR2E034 (10/03)

City & State
Jacksonville, Fl.

City & State
Jacksonville, Fl.

4. FEI Number
59-1937919

Applied For
Not Applicable

Zip
32204

Country
USA

Zip
32204

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOLLNICK, TED E JR
7621 HOLIDAY RD. S.
JAX, FL 32216**

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Ted E. Gollnick, Jr.
Ted E. Gollnick, Jr.

August 8, 2005

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
OSTEEN, MARK R
2479 COUNTRY CLUB BLVD.
ORANGE PARK, FL 32073** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
GOLLNICK, TED E
7621 HOLIDAY RD S
JACKSONVILLE, FL 32216** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GOLLNICK, CHRIS T
1028 MARTINIQUE RD
JACKSONVILLE, FL 32216** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Ted E. Gollnick, Jr.
Ted E. Gollnick, Jr.

August 8, 2005

Date

904-354-0134

Daytime Phone #

ATTACHMENT 52060781
Division of Corporations

Annual Report

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Document Number

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Business Entity Name

LIDDY'S MACHINE SHOP, INC.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

591937919

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address

825 DORA STREET

Suite, Apt. #, etc.

City, State

JACKSONVILLE

FL

Zip Code & Country 32204

Mailing Address

Address

825 DORA STREET

Suite, Apt. #, etc.

City, State

JACKSONVILLE

FL

Zip Code & Country 32204

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

GOLLNICK

TED

E

JR

-or- RA Business Name

Address (PO Box is not acceptable) 7621 HOLIDAY RD. S.

Suite, Apt. #, etc.

City, State

JAX

FL

Zip Code & Country

32216

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

639176
50060781**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title S
Name (Last, First, Middle, Title) OSTEEN, MARK, R
-or- Entity Name
Street Address 2479 COUNTRY CLUB BLVD.
City, State ORANGE PARK, FL
Zip Code & Country 32073

Title PT
Name (Last, First, Middle, Title) GOLLNICK, TED, E
-or- Entity Name
Street Address 7621 HOLIDAY RD S
City, State JACKSONVILLE, FL
Zip Code & Country 32216

Title VP
Name (Last, First, Middle, Title) GOLLNICK, CHRIS, T
-or- Entity Name
Street Address 1028 MARTINIQUE RD
City, State JACKSONVILLE, FL
Zip Code & Country 32216

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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