

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 06, 2006 08:00 AM
Secretary of State**

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



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1937919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reselecting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/09/06-80007-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark R OSTEEN
Sec.

1-3-06

Date

904-354-0134

Daytime Phone #