

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90144 038 ***158.75

DOCUMENT # 678979

1. Entity Name
CAUSEY MACHINE WORKS, INC.



Principal Place of Business
**12131 SCIENCE DR.
ORLANDO, FL 32826 US**

Mailing Address
**200 E. ROBINSON ST.
SUITE 500
ORLANDO, FL 32801 US**

14021513



2. Principal Place of Business

3. Mailing Address

20 N ORANGE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 407

01132004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2006894

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENDR. STONER, DELANCETT & BROWN, P.A.
200 E. ROBINSON ST.
SUITE 500
ORLANDO, FL 32801**

Name
Hendry, Stoner, Delancett & Brown, P.A.
Street Address (P.O. Box Number is Not Acceptable)
20 N. ORANGE AVENUE
Suite 407
City
Orlando FL Zip Code
32801

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 By: **Hendry, Stoner, Delancett & Brown, P.A.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
**PD
PANTOJA, VICTORIANO, SR
981 TUSCAWILLA TRAIL
WINTER SPRINGS, FL 32708** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
PANTOJA, MARIA M
981 TUSCAWILLA TRAIL
WINTER SPRINGS, FL 32708** ☐ Delete

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

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☐ 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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-04

Date

Daytime Phone #