

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # 822710

1. Entity Name
SUMMIT MACHINE TOOL MANUFACTURING CORP.



Principal Place of Business
**518 NORTH INDIANA
P.O. BOX 754
OKLAHOMA CITY, OK 73101-0754 US**

Mailing Address
**518 NORTH INDIANA
P.O. BOX 754
OKLAHOMA CITY, OK 73101-0754 US**



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-0689388

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	GOLSEN, JACK E.
STREET ADDRESS	16 S. PENNSYLVANIA
CITY-ST-ZIP	OKLAHOMA CITY, OK
TITLE	PD
NAME	GOLSEN, STEVE
STREET ADDRESS	16 S. PENNSYLVANIA
CITY-ST-ZIP	OKLAHOMA CITY, OK
TITLE	VSD
NAME	GOSS, DAVID R.
STREET ADDRESS	16 S. PENNSYLVANIA
CITY-ST-ZIP	OKLAHOMA CITY, OK
TITLE	VP
NAME	CARVER, JOHN
STREET ADDRESS	16 S PENNSYLVANIA
CITY-ST-ZIP	OKLAHOMA CITY, OK 73107
TITLE	VT
NAME	SHELBY, TONY M
STREET ADDRESS	16 S. PENNSYLVANIA
CITY-ST-ZIP	OKLAHOMA CITY, OK
TITLE	VPAS
NAME	SHEAR, DAVID M
STREET ADDRESS	16 S. PENNSYLVANIA
CITY-ST-ZIP	OKLAHOMA CITY, OK 73107

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05/25/07-80048-006 150.00

**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

4/30/07

Date

Daytime Phone # _____