

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90015 026 ***158.75

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1. Entity Name
DWYER PRECISION PRODUCTS INC.



Principal Place of Business
**266 NORTH 20TH ST.
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**266 NORTH 20TH ST.
JACKSONVILLE BEACH, FL 32250**



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3053838

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LINBERGER, JAMES E 1120 BOSTON POST RD DARIEN, CT 06820
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS LINEBERGER, JAMES E JR. 1120 BOSTON POST RD DARIEN, CT 06820
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LINEBERGER, JAMES E JR. 1120 BOSTON POST RD DARIEN, CT 06820
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WECHTENHISER, BERT 266 NORTH 20TH STREET JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 any other like empowered.

SIGNATURE: Bert W. Wechtenhiser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-05-06 904-249-3545
Date Daytime Phone #