2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

Feb 12, 2007 8:00 am Secretary of State **DOCUMENT # F05000005900** 1. Entity Name 02-12-2007 90069 005 ***150 00 EMERY THOMPSON MACHINE & SUPPLY CO. Principal Place of Business Mailing Address 15350 FLIGHT PATH DRIVE 15350 FLIGHT PATH DRIVE VOOT 2210 BROOKSVILLE, FL 34604 BROOKSVILLE, FL 34604 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 13-1434275 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent QUINLAN, JOHN V ESQ Street Address (P.O. Box Number is Not Acceptable) 601 12TH STREET WEST BRADENTON, FL 34205 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. (NOTE: Registered Agent suprature required when re-9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 \Box Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Steven Thompson Machine Emery Thompson Machine 15350 Flight Path Drive TITLE ☐ Detete TITLE ☐ Addition NAME THOMPSON, STEVEN NAM! 20950 TANGOR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAND O'LAKES, FL 34637 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

FILED

Feb 9/2007 7/8-588-7300 SIGNATURE: SSIATURE AND TYPED OR PRINTED NAME OF SIG