


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000001441 1. Entity Name F. L. SMITHE MACHINE CO., INC.	
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Principal Place of Business 899 OLD ROUTE 220N DUNCANSVILLE, PA 16635	Mailing Address PO BOX 36 DUNCANSVILLE, PA 16635
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07102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-1323190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLAWSON, THOMAS 8593 NW 20TH COURT CORAL SPRINGS, FL 33071

**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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SMITHE, EDGAR A JR. 15 WOODLAWN TERRACE HOLLIDAYSBURG, PA 16648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS HORNUNG, WILLIAM R 300 KINGSTON ST HOLLIDAYSBURG, PA 16648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITHE, MAUREEN 15 WOODLAWN TERRACE HOLLIDAYSBURG, PA 16648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNUNG, BARBARA RD 2, BOX 752 ALTOONA, PA 16601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/16/07-80004-021 550.00

**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

7/10/07 814-695-5521
Date Daytime Phone #