

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001441

Entity Name: F. L. SMITHE MACHINE CO., INC.

FILED  
Jan 11, 2008  
Secretary of State

## Current Principal Place of Business:

899 OLD ROUTE 220N  
DUNCANVILLE, PA 16635

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 36  
DUNCANVILLE, PA 16635

## New Mailing Address:

FEI Number: 13-1323190

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: SMITHE, EDGAR A JR.  
Address: 15 WOODLAWN TERRACE  
City-St-Zip: HOLLIDAYSBURG, PA 16648

Title: DVPS ( ) Delete  
Name: HORNUNG, WILLIAM R  
Address: 300 KINGSTON ST  
City-St-Zip: HOLLIDAYSBURG, PA 16648

Title: D ( ) Delete  
Name: SMITHE, MAUREEN  
Address: 15 WOODLAWN TERRACE  
City-St-Zip: HOLLIDAYSBURG, PA 16648

Title: D ( ) Delete  
Name: HORNUNG, BARBARA  
Address: RD 2, BOX 752  
City-St-Zip: ALTOONA, PA 16601

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDGAR A. SMITHE, JR.

PRES

01/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date