

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F44242

Entity Name: MACHINERY SERVICE, INC.

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

1490 WEST WIND BLVD.  
KISSIMMEE, FL 34746

## New Principal Place of Business:

14631 SE 63 LANE  
MORRISTON, FL 32668

## Current Mailing Address:

1490 WEST WIND BLVD.  
KISSIMMEE, FL 34746

## New Mailing Address:

PO BOX 488  
MORRISTON, FL 32668

FEI Number: 59-2193825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRUCE, JAMES B  
1490 WEST WIND BLVD.  
KISSIMMEE, FL 34746 US

## Name and Address of New Registered Agent:

CRUCE, JAMES B  
14631 SE 63 LANE  
MORRISTON, FL 32668 US

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

04/16/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CRUCE, JAMES B  
Address: 1490 WEST WIND BLVD.  
City-St-Zip: KISSIMMEE, FL 34746

Title: S ( ) Delete  
Name: CRUCE, KAREN S  
Address: 1490 WEST WIND BLVD.  
City-St-Zip: KISSIMMEE, FL 34746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CRUCE, JAMES B  
Address: 14631 SE 63 LANE  
City-St-Zip: MORRISTON, FL 32668

Title: S (X) Change ( ) Addition  
Name: CRUCE, KAREN S  
Address: 14631 SE 63 LANE  
City-St-Zip: MORRISTON, FL 32668

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: JAMES B. CRUCE

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date