
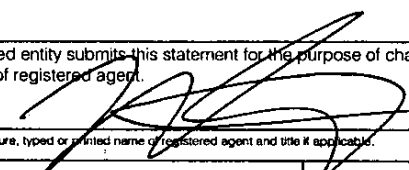
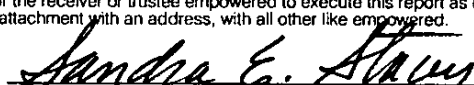


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90076 004 ***150.00

DOCUMENT # F53826 1. Entity Name HY-TECH TURNING, INC.																																																																																									
Principal Place of Business 209 CHERRY HILL RD. STE. B MONROE, GA 30656			Mailing Address 209 CHERRY HILL RD. STE. B MONROE, GA 30656																																																																																						
2. Principal Place of Business 141 Milledge Ave Suite, Apt. #, etc.			3. Mailing Address 141 Milledge Ave Suite, Apt. #, etc.																																																																																						
City & State MONROE, GA Zip 30655			City & State Monroe, GA Zip 30655																																																																																						
Country USA			Country USA																																																																																						
4. FEI Number 59-2197727			Applied For <input type="checkbox"/> Not Applicable																																																																																						
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																																																																																						
6. Name and Address of Current Registered Agent STACEY, WILLIAM JR 4310 NE 16TH TERRACE FORT LAUDERDALE, FL 33334			7. Name and Address of New Registered Agent Name Stacey, William Jr Street Address (P.O. Box Number is Not Acceptable) 20530 SW 51st ST Rembroke Pines FL Zip Code 33332																																																																																						
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  01,15,2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>																																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">Stacey, William E</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">141 Milledge Ave Monroe, GA 30655</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">Stacey, Sandra E</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">141 Milledge Ave Monroe, GA 30655</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	Stacey, William E					CITY-ST-ZIP	141 Milledge Ave Monroe, GA 30655					STREET ADDRESS	Stacey, Sandra E					CITY-ST-ZIP	141 Milledge Ave Monroe, GA 30655					STREET ADDRESS						CITY-ST-ZIP						STREET ADDRESS						CITY-ST-ZIP						STREET ADDRESS						CITY-ST-ZIP						STREET ADDRESS						CITY-ST-ZIP					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																						
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																				
STREET ADDRESS	Stacey, William E																																																																																								
CITY-ST-ZIP	141 Milledge Ave Monroe, GA 30655																																																																																								
STREET ADDRESS	Stacey, Sandra E																																																																																								
CITY-ST-ZIP	141 Milledge Ave Monroe, GA 30655																																																																																								
STREET ADDRESS																																																																																									
CITY-ST-ZIP																																																																																									
STREET ADDRESS																																																																																									
CITY-ST-ZIP																																																																																									
STREET ADDRESS																																																																																									
CITY-ST-ZIP																																																																																									
STREET ADDRESS																																																																																									
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 changed, or on an attachment with an address, with all other like empowered.																																																																																									
SIGNATURE:  1/10/06 770-207-7395 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																									