2007 FOR PROFIT CORPORATION

Mar 19, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT #F82122 03-19-2007 90077 040 ***150.00 1. Entity Name TOWNLEY FOUNDRY & MACHINE CO., INC. Principal Place of Business Mailing Address P.O. BOX 2257 10551 SE 110TH ST. RD. 40038235 CANDLER, FL 32111 US BELLEVIEW, FL 34421 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062007 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 59-2191984 Not Applicable Zio Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOWNLEY, J. O., JR. Street Address (P.O. Box Number is Not Acceptable) 10251 SE 110TH ST ROAD CANDLER, FL 32111 Zip Code City FL 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 it applicable (NOTE, Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VD TITLE TITLE Delete ☐ Channe ☐ Addition SARANT, DEAN NAME NAME STREET ADDRESS 10551 SE 110TH ST RD STREET ADDRESS CITY-ST-ZIP CANDLER, FL CITY-ST-ZIP DST TITLE Delete ☐ Change ☐ Addition TOWNLEY, HELEN NAME NAME STREET ADDRESS 10551 SE 110TH ST RD STREET ADDRESS CITY-ST-ZIP CANDLER, FL CITY-ST-ZIP TITLE Delete Change Addition TOWNLEY, WILLIAM V NAME NAME STREET ADDRESS 10551 SE 110TH ST RD STREET ADDRESS CITY-ST-7IP CANDLER, FL 00000 CITY-ST-ZIP Delcte TITLE TITLE ☐ Change ☐ Addition TOWNLEY JR, J O NAME NAME STREET ADDRESS 10551 SE 110TH ST RD STREET ADDRESS CITY-\$1-ZIP CANDLER, FL 00000 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.

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