

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

08-06-2007 90032 006 ***150.00
H10760

FILED

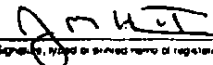
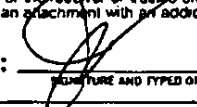
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66021954



1st MOORE CR2E034 (10/06)

DOCUMENT #. H10760					
1. Entity Name D & J MACHINERY, INC.					
Principal Place of Business 728 E. TRINIDAD AVE. CLEWISTON FL 33440			Mailing Address 728 E. TRINIDAD AVE. CLEWISTON FL 33440		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number: 59-2474235	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
YALIN, JOHN A 8418 WEST VENTURA AVE. CLEWISTON FL 33440				Name: Jody Hendry	
				Street Address (P.O. Box Number is Not Acceptable): 6000 W. Sugarland Hwy	
				City: Clewiston FL Zip Code: 33440	
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: 				DATE: 8/31/07	
Signature typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when re-stating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CPST SWINDLE, JAMES G. P.O. BOX 2527 CLEWISTON FL 33440	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 				DATE: 1-29-07	
Signature typed or printed name of signing officer or director				Daytime Phone #	