

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # H32625

1. Entity Name  
GREAT SOUTHERN MACHINERY, INC.



Principal Place of Business  
1023 SOUTH 50TH ST.  
TAMPA, FL 33619

Mailing Address  
1023 SOUTH 50TH ST.  
TAMPA, FL 33619

**DO NOT WRITE IN THIS SPACE**



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2530974 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FERWERDA, RAYMOND K.  
1023 SOUTH 50TH ST.  
TAMPA, FL 33619

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable

(NOTE: Registered Agent signature required when rehashing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000429257  
02/21/06-80081-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME FERWERDA, RAYMOND K.  
STREET ADDRESS 5001A PILGRIMS PATHWAY  
CITY-ST-ZIP TAMPA, FL

TITLE SD  
NAME FERWERDA, MAUREEN R.  
STREET ADDRESS 5001A PILGRIMS PATHWAY  
CITY-ST-ZIP TAMPA, FL

TITLE VP  
NAME FERWERDA, RAYMOND K. J.  
STREET ADDRESS 157 BALTIC CIRCLE  
CITY-ST-ZIP TAMPA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Maureen R. Ferwerda*

Maureen Ferwerda

2/3/06

813 248-4971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #