## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # H32625

1. Entity Name

GREAT SOUTHERN MACHINERY, INC.



**FILED** Feb 02, 2007 08:00 AM **Secretary of State** 

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

01262007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-2530974 Not Applicable

\$8.75 Additional 5. Certificate of Status Desired 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

|                                                                                                                            |                                                                            | í                                  |                                                       |                                |                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------|--------------------------------|------------------------------------------------------------|--|
| 8. The above the obliga                                                                                                    | a named entity submits this statement for the pations of registered agent. | surpose of changing its registered | office or i                                           | registered agent, or be        | oth, in the State of Florida. I am familiar with, and acco |  |
| SIGNATURE.                                                                                                                 | Signature, typed or printed name of registered agont and title i           | f applicable. (NOTE Registered Ag  | ent signatur                                          | e required when reinstating)   | DATE                                                       |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution. |                                                                            |                                    | g 🗆                                                   | \$5.00 May Be<br>Added to Fees |                                                            |  |
| 10.                                                                                                                        | OFFICERS AND DIREC                                                         | TORS                               |                                                       | ·                              | <u> </u>                                                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                      | PD<br>FERWERDA, RAYMOND K.<br>5001A PILGRIMS PATHWAY<br>TAMPA, FL          |                                    |                                                       | ••                             |                                                            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                      | SD<br>FERWERDA, MAUREEN R.<br>5001A PILGRIMS PATHWAY<br>TAMPA, FL          |                                    | 02/07/07-80067-016 150.00  DO NOT WRITE IN THIS SPACE |                                |                                                            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                      | VP<br>FERWERDA, RAYMOND K. J<br>157 BALTIC CIRCLE<br>TAMPA, FL             |                                    |                                                       |                                |                                                            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                      |                                                                            |                                    |                                                       |                                |                                                            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                      |                                                                            |                                    |                                                       |                                |                                                            |  |
| TITLE NAME STREET ADDRESS CITY_ST-7IP                                                                                      |                                                                            |                                    |                                                       |                                |                                                            |  |

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

SIGNATURE:

PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Raymond K. Ferwerda 1/30/07

813 248-4971 Daylime Phone #