

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H67771

FILED  
Apr 13, 2012  
Secretary of State

**Entity Name:** VAN SICKLE'S MACHINE SHOP, INC.

**Current Principal Place of Business:**

5044 EDWARDS STREET  
JACKSONVILLE, FL 32254 US

**New Principal Place of Business:**

**Current Mailing Address:**

758 DAVID ALLEN DRIVE  
JACKSONVILLE, FL 32220 US

**New Mailing Address:**

**FEI Number:** 59-2559122

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAN SICKLE, PHYLLIS L  
758 DAVID ALLEN DRIVE  
JACKSONVILLE, FL 32220 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** VAN SICKLE, BRIAN S  
**Address:** 758 DAVID ALLEN DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32220

**Title:** VP  
**Name:** VAN SICKLE, RYAN A  
**Address:** 10421 TIMBER CREEK LANE  
**City-St-Zip:** JACKSONVILLE, FL 32221

**Title:** ST  
**Name:** VAN SICKLE, PHYLLIS L  
**Address:** 758 DAVID ALLEN DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32220

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** PHYLLIS L. VAN SICKLE

ST

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date