## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # J68013**

1. Entity Name
GENERAL MACHINE CO.



FILED
May 02, 2007 08:00 A
Secretary of State

Principal Place of Business

2271 WHITFIELD PARK AVENUE WHITFIELD INDUSTRIAL PARK SARASOTA, FL 34243 Mailing Address

2271 WHITFIELD PARK AVENUE WHITFIELD INDUSTRIAL PARK SARASOTA, FL 34243



04302007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2813042 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, RICHARD 2271 WHITFIELD PARK AVENUE WHITFIELD INDUSTRIAL PARK SARASOTA, FL 34243

## DO NOT WRITE IN THIS SPACE

| SARASOTA, FL 34243  |   |   | IN THIS SPACE  |                                |  |
|---|---|---|----------------|--------------------------------|--|
| 8. The above the obligat  | named entity submits this statement for the plions of registered agent. | urpose of changing its registered                                       | d office or I  | registered agent, or bo        | oth, in the State of Florida. I am familiar with, and accept |
|   | Signature, typed or printed name of registered agent and title i        | f applicable. (NOTE: Registered.  | Agent signetur | e required when reinstating)   | DATE   |
|   | E NOWI!! FEE IS \$150.00<br>ny 1, 2007 Fee will be \$550.00             | <ol><li>Election Campaign Financ<br/>Trust Fund Contribution.</li></ol> | ing            | \$5.00 May Be<br>Added to Fees |  |
| 10.   | OFFICERS AND DIRECTORS  |   |                |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>WILSON, RICHARD<br>5207 MALAGA AVE.<br>SARASOTA, FL 34235          |   |                |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>WILSON, BETTY<br>5207 MALAGA AVE.<br>SARASOTA, FL 34235            |   |                |                                | U00000757226<br>05/23/07-80062-016 158.75                    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |                | DO                             | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |                | IN '                           | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |                |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |                |                                |  |
| 12. Thereby 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

BORNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

4/30/07

941-756-2815