## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 12, 2004 08:00 AM Secretary of State **DOCUMENT # J80342** FORT WALTON MACHINING, INC. Principal Place of Business Mailing Address 43 JET DRIVE 43 JET DRIVE FT. WALTON BCH., FL 32548 FT. WALTON BCH., FL 32548 IIS 188 02262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2823872 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent MCDONALD, TIMOTHY J DO NOT WRITE 43 JET DRIVE FT WALTON BCH, FL 32548 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 agnature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000087043 П Trust Fund Contribution. Added to Fees 03/12/04-8004/-018 150.00 10. OFFICERS AND DIRECTORS TITLE MCDONALD, TIMOTHY J NAME STREET ADDRESS 43 JET DRIVE CITY-53-73P FT WALTON BCH, FL 32548 TITLE NAME STREET ADDRESS CATY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-JP IN THIS SPACE NAME STREET ADDRESS CATY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(6). 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 personnered.

SIGNATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-7P

1-mil-

MGRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

3/8/04

850-244-9095

Daytime Phone #

**FILED**