

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # K73875

1. Entity Name

NEW ENGLAND MACHINERY, INC.



Principal Place of Business

6204 29TH ST EAST
BRADENTON FL 34203

Mailing Address

6204 29TH ST EAST
BRADENTON FL 34203



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-0916009**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICKSE, JUDITH
6204 29TH ST EAST
BRADENTON FL 34203

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
NICKSE, JUDITH
6204 29TH ST EAST
BRADENTON FL 34203 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
000000652548
03/12/07-80021-023 150.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VP
BANKUTY, GEZA F
620 HAMPSHIRE LANE
HOLMES BEACH FL 34217 ☐ Delete

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-07

941-755-5556

Date

Daytime Phone #