

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # L13609

1. Entity Name  
DESTINY MACHINERY, INC.



Principal Place of Business  
2401 DESTINY WAY  
ODESSA, FL 33556 US

Mailing Address  
2401 DESTINY WAY  
ODESSA, FL 33556 US

FILED  
Jan 26, 2004 08:00 AM  
Secretary of State



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
06-1280019  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DELZER, HARVEY V.  
2401 DESTINY WAY  
ODESSA, FL 33556

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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 signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
LALIBERTE, DENNIS M.  
5408 SALTAMONTE DRIVE  
NEW PORT RICHEY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPSD  
LALIBERTE, SANDRA M.  
5408 SALTAMONTE DRIVE  
NEW PORT RICHEY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000013342  
01/26/04-80050-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

1/22/04 (727) 376-2399