

**2005 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 21, 2005 08:00 AM
Secretary of State



01052005 No Chg-P CR2E034 (10/03)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/05-80049-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sandra Laliberte* 1/15/05 (727) 5376-2399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #