


# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P00000042932</b>					
<b>1. Entity Name</b> ALLIANCE PRECISION MACHINE & MANUFACTURING, INC.					
<b>Principal Place of Business</b> 2341 GUAVA DR. EDGEWATER, FL 32141			<b>Mailing Address</b> 2341 GUAVA DR. EDGEWATER, FL 32141		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 6003 Hickory Grove Ln.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PORT ORANGE, FL.			
Zip	Country	Zip 32128	Country VOL 454	<b>4. FEI Number</b> 56-3650315	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> POWELL, JAMES 6003 HICKORY GROVE LANE PT. ORANGE, FL 32128			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2011 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POWELL, JAMES <input type="checkbox"/> Delete 6003 HICKORY GROVE LANE PORT ORANGE, FL 32128				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POWELL, RICHARD <input checked="" type="checkbox"/> Delete 6003 HICKORY GROVE LANE PORT ORANGE, FL 32128				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY - ST - ZIP					
100202443221 04/19/11--01002--002 **\$150.00					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY - ST - ZIP					
100202443221 05/13/11--01005--001 **\$8.75					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY - ST - ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY - ST - ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY - ST - ZIP					
<b>12. I hereby 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</b>					
<b>SIGNATURE:</b> <u>James Powell</u> <b>JAMES POWELL</b> <u>5-1-2011</u> <u>386 212 2729</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FILED

11 MAY 11 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04182011 Chg-P CR2E034 (11/08)

Applied For  
Not Applicable

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

Name

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

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2011 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  
D POWELL, JAMES ☐ Delete  
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PORT ORANGE, FL 32128

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NAME  
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☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY - ST - ZIP  
100202443221  
04/19/11--01002--002 \*\*\$150.00

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CITY - ST - ZIP  
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05/13/11--01005--001 \*\*\$8.75

TITLE NAME ☐ Change ☐ Addition  
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**SIGNATURE:** James Powell **JAMES POWELL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2011  
Date

386 212 2729  
Daytime Phone #