


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90016 021 ***150.00

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| DOCUMENT # P00000059476 1. Entity Name AMERICAN SUPPLY & MANUFACTURING EQUIPMENT, INC. |  |
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|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business 2101 STATE RD. 60 WEST LAKE WALES, FL 33853 | Mailing Address P.O. BOX 2398 LAKE WALES, FL 33859-2398 |
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01252004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3654530 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent WINKLER, KERRY 2101 STATE ROAD 60 WEST LAKE WALES, FL 33853 |
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 | D WINKLER, KERRY 7249 BLACK ROAD LAKE WALES, FL 33853 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WINKLER, JANICE W 7249 BLACK ROAD LAKE WALES, FL 33853 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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: Janice W. Winkler Janice W. Winkler 2-26-04 863-679-1680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #