


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P00000113038 |  |
| 1. Entity Name DON MORRA MACHINE TOOL SERVICE, INC. | |

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|---|---|
| Principal Place of Business 5765 LAKE BREEZE COURT SARASOTA, FL 34233 | Mailing Address 5765 LAKE BREEZE COURT SARASOTA, FL 34233 |
|---|---|



01212006 No Chg-P CR2EQ34 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-1078220 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent PLUM, LAURA A. 1800 SECOND STREET SUITE 745 SARASOTA, FL 34236 |
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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 (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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|---|---------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---------------------------------------|

000000434390
02/24/06-80063-006 158.75

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORRA, NANCY SECRETA 5765 LAKE BREEZE COURT SARASOTA, FL 34233 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORRA, DONALD PRESIDE 5765 LAKE BREEZE COURT SARASOTA, FL 34233 |
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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.

SIGNATURE: Nancy Moss Morra, Secretary 2-6-06 941-342-8644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Anytime Prior to