

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90098 043 ***158.75

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1. Entity Name

AAA SUPERIOR MACHINING, INC.



Principal Place of Business

1400 COMMERCE BLVD.
SARASOTA, FL 34243

Mailing Address

1400 COMMERCE BLVD.
SARASOTA, FL 34243

change of address

20034093



01062005

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-1067935

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

WILLIAMS, ROBERT G
4372 ARROW AVE
SARASOTA, FL 34232

**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, 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 D
NAME ZULLIG, KAREN S
STREET ADDRESS 2825 SOUTHGATE LOOP
CITY-ST-ZIP SEDALIA, MO 65301

TITLE D
NAME WILLIAMS, ROBERT G
STREET ADDRESS 4372 ARROW AVE.
CITY-ST-ZIP SARASOTA, FL 34232

TITLE President
NAME Mary K. Williams
STREET ADDRESS 4372 Arrow Ave
CITY-ST-ZIP Sarasota, FL 34232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-05

Date

941-342-3416

Daytime Phone #