

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90269 039 ***150.00

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1. Entity Name

**AMERICAN MECHANICAL RESEARCH AND
DEVELOPMENT, INC.**



Principal Place of Business

**3702 ROGERS INDUSTRIAL PK ROAD
OKAHUMPKA, FL 34762**

Mailing Address

**3702 ROGERS INDUSTRIAL PK ROAD
OKAHUMPKA, FL 34762**



04152004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3695878

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

**BUCKNER, DON M
3702 ROGERS INDUSTRIAL PK ROAD
OKAHUMPKA, FL 34762**

**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
BUCKNER, DON M
3702 ROGERS INDUSTRIAL PK ROAD
OKAHUMPKA, FL 34762**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BUCKNER, GENE
3702 ROGERS INDUSTRIAL PK RD.
OKAHUMPKA, FL 34762**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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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

4-20-04

Date

(352) 728-4641

Daytime Phone #