

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000024041

1. Entity Name
MIARCACHEE MACHINING & FABRICATION, INC.



Principal Place of Business
31927 MIARCACHEE ROAD
MYAKKA CITY, FL 34251

Mailing Address
31927 MIARCACHEE ROAD
MYAKKA CITY, FL 34251

FILED
Jul 11, 2005 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

05052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1091134

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BRAWN, WILLIAM H
31927 MIARCACHEE ROAD
MYAKKA CITY, FL 34251

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07/11/05-80005-008 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William Hoyt Brawn William Hoyt Brawn 7/7/05 944322026