## Anr $30.\overline{2004} \, 8:00$ am State

\*150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT		Secretary of
DOCUMENT # P0100063458  . Entity Name AMERICAN PRECISION METALWORKS, INC.		04-30-2004 90280 016 **

Mailing Address Principal Place of Business 94077043 5101 PALMETTO AVENUE 5101 PALMETTO AVENUE COCOA, FL 32927 COCOA, FL 32927 2. Principal Place of Business 3. Mailing Address 5101 Palmetto Ave. 5101 Palmetto Ave Suite. Apt. #, etc. Suite, Apt. #, etc. 04132004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Cocoa, F1. Cocoa, F1. 59-3728106 Not Applicable USA Country Country \$8.75 Additional 32926 <sup>Zip</sup> 32926 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Warren Whitney WARREN, WHITNEY Street Address (P.O. Box Number is Not Acceptable) 5701 Palmetto Ave. 5101 PALMETTO AVENUE COCOA, FL 32927 <u>Cocoa,</u> 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 registere. Whitney Warren SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust-Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD D Delete TITLE TITLE ■ Addition X Change WARREN, WHITNEY NAME NAME Warren, Whitney STREET ADDRESS 5101 PALMETTO AVENUE STREET ADDRESS 5101 Palmetto Ave., Cocoa, Fl. 32926 CITY-ST-ZIP CITY-ST-ZIP COCOA, FL 32927 VSD D 🔆 ☐ Defete TITLE TITLE XI Change ☐ Addition ROSS, BRADLEY J MAME NAME Ross, Bradley J. STREET ADDRESS 5285 CIRTUS BLVD STREET ADDRESS 5285 Cirtus Blvd., Cocoa, F1.32926 CITY-ST-ZIP COCOA, FL 32926 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY- ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET, ADDRESS CITY-ST-ZIP CITY-ST-ZIP HITLE · Delete: HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if impowered. Whitney Warren, **SIGNATURE** 

President

(321) 636-8775