

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90121 018 ***150.00

DOCUMENT # P01000112380

1. Entity Name
NUMATICS FLORIDA, INC.



Principal Place of Business
577 INTERSTATE BLVD
SARASOTA, FL 34240

Mailing Address
577 INTERSTATE BLVD
SARASOTA, FL 34240

50029533



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number 01-0701087 Applied For
~~69-0004005~~ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, ROY A
854 DAHOON CIR
VENICE, FL 34293

Name
Thomas R. Sugden

Street Address (P.O. Box Number is Not Acceptable)

188 Grand Oak Circle

City
Venice

FL

Zip Code
34293

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]

Thomas R. Sugden

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CLARK, ROY A
854 DAHOON CIR
VENICE, FL 34293 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SUGDEN, RANDY T
188 GRAND OAK CIRCLE
VENICE, FL 34293 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Sugden, Thomas R.
188 Grand Oak Circle
Venice FL 34293 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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] Thomas R. Sugden

Date

941-379-4207
Daytime Phone #