

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017430

Entity Name: BS MACHINE SHOP, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

14105 SE KITCHEN CREEK RD
HOBE SOUND, FL 33475

New Principal Place of Business:

Current Mailing Address:

14105 SE KITCHEN CREEK RD
HOBE SOUND, FL 33475

New Mailing Address:

P.O.BOX 992
HOBE SOUND, FL 33475

FEI Number: 30-0060668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMASTER, BETTE
14105 S.E. KITCHEN CREEK ROAD
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEMASTER, BETTE
Address: 14105 S.E. KITCHEN CREEK ROAD
City-St-Zip: HOBE SOUND, FL 33455

Title: VP () Delete
Name: LEMASTER, STAN
Address: 14105 S.E. KITCHEN CREEK ROAD
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTE LEMASTER

P

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date