

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000057419

1. Entity Name  
UNIVERSAL MACHINE, INC.



**FILED  
Mar 19, 2004 8:00 am  
Secretary of State**

03-19-2004 90062 025 \*\*\*150.00

- 3 - 16 - 04

Principal Place of Business  
205 E CHEROKEE AVE  
BUSHNELL, FL 33513

Mailing Address  
27 E ORANGE ST  
TARPO SPRINGS, FL 34689

2. Principal Place of Business  
POST OFFICE BOX 1270

Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State  
BUSHNELL, FL

Zip  
33513

02252004 Chg-P CR2E034 (10/03)

4. FEI Number 16-1675887	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
KLIMIS, GEORGE N  
27 E ORANGE ST  
TARPO SPRINGS, FL 34689

7. Name and Address of New Registered Agent  
Name  
SULLIVAN, LEAH J.  
Street Address (P.O. Box Number is Not Acceptable)  
205 EAST CHEROKEE AVENUE  
City  
BUSHNELL FL Zip Code  
33513

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 *Leah J. Sullivan*

(NOTE: Registered Agent signature required when reinstating)

DATE *3-16-04*

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, DANIEL F 205 E CHEROKEE AVE BUSHNELL, FL 33513	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, LEAH J 205 E CHEROKEE AVE BUSHNELL, FL 33513	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Leah J. Sullivan* LEAH J. SULLIVAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3-16-04*