

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000057419

1. Entity Name  
UNIVERSAL MACHINE, INC.



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

Mailing Address  
P.O. BOX 1270  
BUSHNELL, FL 33513

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

01172005 Chg-P CR2E034 (10/03)

Zip

Country

Zip

Country

4. FEI Number  
16-1675887

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SULLIVAN, LEAH J  
205 EAST CHEROKEE AVE.  
BUSHNELL, FL 33513

Name  
**SULLIVAN, CHRISTOPHER**

Street Address (P.O. Box Number is Not Acceptable)  
**205 E. 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 *Christopher Sullivan*

*X 2-4-05*

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

TITLE D  Delete  
NAME SULLIVAN, LEAH J  
STREET ADDRESS 205 EAST CHEROKEE AVE.  
CITY-ST-ZIP BUSHNELL, FL 33513

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P/S/T  Change  Addition  
NAME SULLIVAN, CHRISTOPHER  
STREET ADDRESS 205 E. CHEROKEE AVENUE  
CITY-ST-ZIP BUSHNELL, FL 33513

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 *Christopher Sullivan* CHRISTOPHER SULLIVAN X 2-4-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #