

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90002 041 ***150.00

DOCUMENT # P03000071579

1. Entity Name
J & M LATHE CO. INC.



Principal Place of Business
**5110 CAPE COD DR
HOLIDAY, FL 34690**

Mailing Address
**3306 W. WYOMING AVE.
TAMPA, FL 33611**

50066657



2. Principal Place of Business

3. Mailing Address

08162005 Chg-P CR2E034 (10/03)

4. FEI Number **65-1195133** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ENAMORADO, MARLON J
5110 CAPE COD DR
HOLIDAY, FL 34690**

7. Name and Address of New Registered Agent

Name **JORGE ALTA MIRANO**

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

3306 W WYOMING AVE

City **TAMPA**

FL

Zip Code **33611**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PT**
STREET ADDRESS **ALTAMIRANO, JORGE**
CITY-ST-ZIP **3306 WYOMING AVE
TAMPA, FL 33611**

TITLE ☐ Delete
NAME **VS**
STREET ADDRESS **ENAMORADO, MARLON J**
CITY-ST-ZIP **5110 CAPE COD DR
HOLIDAY, FL 34690**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/05 (813) 393-9648

Date

Daytime Phone #

ATTACHMENT



50066657

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 16, 2005

J & M LATHE CO. INC.
3306 W. WYOMING AVE.
TAMPA, FL 33611

SUBJECT: J & M LATHE CO. INC.
Ref. Number: P03000071579

Thank you for your correspondence of August 15, 2005, which has been forwarded to me for response.

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kristen Eckel
Document Specialist

Letter Number: 505A00052275