2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 03, 2004 8:00 am Secretary of State

DOCUMENT # P03000100011							08-03-2004 90010 025 ***550.00			
1. Entity Name DYNO CNC PRECISION, INC.										
<i>;</i>										
Principal Place of Business				Mailing Address] .			
18927 TITUS ROAD HUDSON, FL 34667 ;				18927 TITUS ROAD HUDSON, FL 34667						_
2. Principal Place of Business			3.	3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			07162004	Chg-P (CR2E034 (10/03)	
City & State				City & State			4. FEI Numb	oer -0218419		plied For at Applicable
Zip	Country			Zip Count		itry	The state of the s		\$8.75 Add	
6. Name and Address of Current			rrent Regi	Registered Agent Name			7. Name and Address of New Registered Agent			
RODHE, D	DENISE E	- 01				Street Address (P.O. Box Number is Not Acceptable)				
18927 TITUS RODH E <i>Rd.</i> HUDSON, FL 34667						Street Address	(P.O. BOX NUME	er is Not Acceptable)		
						City			Zip Code	
9 The above	named entit	v submits this staten	cont for the	purpose of changing its	register		ered agent, or br	oth in the State of Florida	rl	
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										
FILE NOWIII FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be										-
		tember 8, 200		Trust Fund Cont		ded to Fees				
10. OFFICERS AND						ADDITIONS	/CHANGES TO OFFICE			
TITLE NAME	P JAHN, ST	EVEN	☐ Delete	TITLE	1			☐ Change	Addition	
STREET ADDRESS 18927 TITUS ROAD						EET ADORESS				
CITY-ST-ZIP	HUDSON, FL 34667 VP				TITLE	Y-ST-ZIP E			☐ Change	Addition
NAME	RODHE, RANDY L			hand Obress	NAM	Œ			<u> </u>	
STREET ADDRESS CITY-ST-ZIP	6 18927 TITUS ROAD HUDSON, FL 34667					EET ADORESS '-ST-ZIP				
TITLE	S,T Delete TILLE								☐ Change	☐ Addition
NAME STREET ADDRESS	RODHE, DENISE E NAM 18927 TITUS ROAD SIR					4E EET ADDRESS				
CITY-ST-ZIP	I .					'-ST-ZIP				
TITLE NAME				☐ Delete	TITLE NAM				☐ Change	☐ Addition
STREET ADDRESS						EET ADDRESS				
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CITY-ST-ZIP	7			☐ Delete	CITY	r-ST-ZIP		<u></u>	☐ Change	☐ Addition
TITLE NAME				L_1 Delete	NAM	AE .			[Vitaligo	L. Hudines
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS (-ST-ZIP				
	certify that th	e information supplie	ad with this	filing does not qualify fo			ection 119.07(3))(i), Florida Statutes. I fur	ther certify that the in	nformation
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: Name of Signary Officer or Director Date Date Dayline Proper										7-3465
CIGITAL	Our t	SIGNATURE AND TVE	ED OR PRINTE	ED NAME OF SIGNING OFFICES	OR DIRECT	TOR		Date	Daytime Phone #	