

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000113654

1. Entity Name
MACH REPAIRS, INC.



Principal Place of Business
11224 MISTY LAKE DRIVE
CLERMONT, FL 34711

Mailing Address
11224 MISTY LAKE DRIVE
CLERMONT, FL 34711

**FILED
Jan 18, 2005 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 34-4542057	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

MACH, RUDOLPH S
11224 MISTY LAKE DRIVE
CLERMONT, FL 34711

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IN THIS SPACE**

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 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
NAME MACH, RUDOLPH S
STREET ADDRESS 11224 MISTY LAKE DRIVE
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D
NAME MACH, CATHIE L
STREET ADDRESS 11224 MISTY LAKE DRIVE
CITY-ST-ZIP CLERMONT, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000182889
01/19/05-80046-003 150.00

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IN THIS SPACE**

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:

Rudolph S. Mach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/05 352-384-4450