

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000057412

FILED
Mar 16, 2009
Secretary of State

Entity Name: HIZER MACHINE MANUFACTURING, INC.

Current Principal Place of Business:

12137 SW US HWY 41
WHITE SPRINGS, FL 32096

New Principal Place of Business:

Current Mailing Address:

PO BOX E
WHITE SPRINGS, FL 32096

New Mailing Address:

FEI Number: 20-4715350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIZER, JAMES E OWNER
327 NW INDIAN POND CT.
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HIZER, JAMES E OWNER
Address: 327 NW INDIAN POND CT
City-St-Zip: LAKE CITY, FL 32055

Title: D () Delete
Name: HIZER, KATHERYN L TREAS
Address: 327 NW INDIAN POND CT
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HIZER, JAMES E PRES.
Address: 327 NW INDIAN POND CT
City-St-Zip: LAKE CITY, FL 32055

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. HIZER

D

03/16/2009

Electronic Signature of Signing Officer or Director

Date