

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90222 041 ***150.00

40084134



04262007 Chg-P CR2E034 (12/06)

DOCUMENT # P17352 1. Entity Name FLORIDA PRODUCTION ENGINEERING, INC.					
Principal Place of Business 2 E. TOWER CIRCLE ORMOND BEACH, FL 32174 US			Mailing Address P.O. BOX 730609 ORMOND BEACH, FL 32173		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2 E. TOWER CIRCLE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ORMOND BEACH, FL		4. FEI Number 59-2857432	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32174		Country U.S			
6. Name and Address of Current Registered Agent GREEN, ERNIE 2 E. TOWER CIRCLE ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD GREEN, ERNIE 1785 BIG HILL ROAD DAYTON, OH		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOLLENKAMP, NICK OF DINSMORE & SHOAL @ 50 E 3RD ST DAYTON, OH		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MORGAN, SAMUEL T. 1785 BIG HILL ROAD DAYTON, OH		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BURNSIDE, FRANK 2 EAST TOWER CIRCLE ORMOND BEACH, FL 32174		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			4/25/07 386-676-3400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		