

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P35916

1. Entity Name

METHODS MACHINE TOOLS, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 17 PM 5:06

REINSTATEMENT 04-05



MOORE CR2E034 (4/04)

Principal Place of Business

65 UNION AVE.  
SUDBURY MA 01776

Mailing Address

65 UNION AVE.  
SUDBURY MA 01776

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2254513

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEISS, RUSSELL  
146 SE CRESTWOOD CIRCLE  
STUART FL 34997

Name

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

City

FL

Zip Code

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

*Russell Weiss*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/10/05

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

5.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
C MCLVER, SCOTT  
150 DAKIN RD.  
SUDBURY MA 01776 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
TD DEYSHER, BRYON G.  
28 GUZZLEBROOK DR.  
SUDBURY MA ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
T COLAIANNI, CAROL  
227 WHITE PCND RD  
HUDSON MA 01749 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
*200044504722*  
11/17/05--01019--025 \*\*\*550.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
*200044504722*  
01/11/05--01019--025 \*\*\*550.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
*200044504722*  
11/17/05--01044--006 \*\*\*358.75

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

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

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

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:

*Carol Colaianni* Carol Colaianni

1/6/05

978-443-5388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #